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1980-81



**SOCIAL SERVICES
AND COMMUNITY HEALTH**

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SOCIAL SERVICES
AND COMMUNITY HEALTH

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Office of
the Minister

424 Legislature Building
Edmonton, Alberta, Canada
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EDMONTON, ALBERTA
April, 1982

TO THE HONOURABLE G. AMERONGEN
Speaker of the Legislative Assembly

Sir:

I have the honour to present the eleventh annual report of
Alberta Social Services and Community Health, which covers the
fiscal year ending March 31, 1981.

Respectfully submitted,

Bob Bogle
Minister of Social Services
and Community Health



SOCIAL SERVICES
AND COMMUNITY HEALTH

Office of
the Deputy Minister

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Minister of Social Services
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Respectfully submitted

Dr. Sheila Durkin
Deputy Minister
Health Services

Mr. Marcel L. Arcand
Acting Deputy Minister
Social Services

Miss Catharine E. Arthur
Associate Deputy Minister

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GLOSSARY

Alberta Assured Income Plan (AAIP). A provincial income supplement program for senior citizens in receipt of the federal Guaranteed Income Supplement (GIS) passed in June 1975. This program is income-tested through the GIS eligibility, with AAIP benefits reduced by twenty-five cents for each dollar of outside income. However, there are no reductions of AAIP below a \$10 minimum benefit.

Alberta Computerized Nursing Activity Records System (ACNARS). A program completed by the local health authorities and by community health nurses on the specific services they provide. The services are tabulated into the following age groupings:

Infant — from birth up to one year of age.

Early Preschool — from one year up to five years of age.

Late Preschool — from five years of age up to entry to grade one.

Special Education — identifies any school-age child in an ungraded classroom (as an opportunity class).

Adult (General) — identifies people no longer in school who have completed grade 12 or who have left school on reaching 16 years of age, and who are not yet 65 years old.

Adult (Occupational Health) — identifies people who are as defined in Adult (General) for occupational health reasons.

Geriatrics — identifies senior citizens who are 65 to 74 years or 75 years and older.

Mixed Ages — identifies subjects of different age groups when involved in group activity only.

Approved Homes. Ordinary residences of adults, usually married couples, which have been approved to provide temporary care to adults.

Caseload. Number of family or single units assisted. Caseload is often used to refer to the heads of these units.

Child Welfare Institutions. Residential facilities which provide a range of care to children.

Day Care Centres. Non-residential facilities providing for the care of four or more children for more than three hours per day. Facilities must meet the requirements of the Day Care Regulation.

Family Day Homes. Non-residential facilities providing full-time day care for up to, but no more than, six children. A family day home is generally established in the operator's residential dwelling, and it must meet the requirements of the Day Care Regulation. Family day homes provide care for more than three hours per day.

Foster Homes. Ordinary residences of adults, usually married couples, which have been approved to provide temporary care for children taken into departmental care. If they care for four or more children, they must meet requirements specified in the Social Care Facilities Licensing Act.

Guaranteed Income Supplement (GIS). Old Age Security (OAS) pensioners are entitled to a monthly supplement if they have a low income. The supplement amount depends on the pensioner's marital status and amount of income (excluding the OAS pension and assets). Income includes monies received from other retirement pensions, earnings, interest, dividends, rent. Joint incomes are used for married couples. For every two dollars of such income, GIS is reduced by one dollar. GIS is adjusted quarterly to reflect the rise in cost of living. All GIS recipients must reapply annually. GIS recipients are automatically qualified to receive the Alberta Assured Income Plan.

Nursery Schools (or part-day care homes). These are distinguished from day care centres by the fact that they may provide care to children for no more than three hours per day.

Old Age Security (OAS). Senior citizens aged 65 and over who meet residence requirements are eligible for a federal monthly OAS pension. This is a demogrant program with benefits not affected by the recipient's needs or income. Benefits are adjusted quarterly to increases in the Consumer Price Index. However, index declines do not reduce benefit amounts.

Reasons for Assistance. The Social Allowance program is available to people who lack the resources or income sufficient to meet their needs and those of their dependents. Eligibility for assistance is defined within the following categories for each application; the social worker assigns a reason for assistance on the following rank order basis. Applicants are assigned to the first category of reason for assistance that applies to them, proceeding through the list of reasons in their specified order, as follows: —

Age (Persons 60 and Over). A person may be considered eligible under this reason if 60 years or older.

Person with Dependent Children. This reason is applicable to the single-parent family where the parent (of either sex) actually has custody of, or is personally caring for, a dependent child.

Physical Ill Health/Disability. This reason is applicable to an individual with a physical disability, impairment, or illness, regardless of expected

duration, which prevents that individual from rendering services for a wage sufficient to meet his or her needs and those of dependents.

Mental Ill Health. This reason is applicable to an individual having an obvious mental illness. A medical certificate or assessment is required if disability is not readily recognizable.

Mental Retardation. This reason is applicable to an individual who is mentally retarded. A medical certificate or assessment is required if the disability is not readily recognizable.

Employables. This reason is applicable to an individual who is unemployed and seeking employment, or whose employability may be under assessment, as well as to an individual employed full or part-time with insufficient income. This reason also applies to an individual temporarily unavailable for work because of schooling, pregnancy, or in gaol for less than 90 days.

Unsuitable for Employment. This reason is applicable to an individual who has been assessed as socially, psychologically, or otherwise unsuited for employment. Such a case would be transferred from other reasons for assistance after the assessment period.

Guardian Social Allowance. This is an extension of Social Allowance designed to assist individuals acting as guardians and providing care to children placed in their homes by parents unable or unwilling to provide such care.

Recipient. In contrast to the term "caseload", the term "recipient" refers to the unit heads plus their dependents. The number of recipients on assistance is approximately two or three times as great as the caseload.

Spouse's Allowance. Eligible spouses of OAS recipients can apply for a federal Spouse's Allowance. Eligibility depends on age (60-64) and on residency requirements. The maximum benefits are equivalent to the OAS pension plus maximum GIS at the married rate. For every four dollars of the couple's annual outside income up to \$2,976 (March 1980) the Spouse's Allowance is reduced by three dollars. Income in excess of \$2,976 (March 1980) reduces the Spouse's Allowance by fifty cents for every two dollars of income.

Spouses receiving this allowance are not eligible for AAIP benefits.

SOCIAL SERVICES DIVISION

Social Services Delivery Branch

Income Security Branch

Family Maintenance and Court Services Branch

Child Welfare Branch

Statistics for 1980-81

SOCIAL SERVICES DIVISION

D.M. STOLEE Deputy Minister

In the reporting year, the Social Services Division was responsible for three main groups of statutory programs: Income Security, Family Maintenance and Court Services (formerly called Maintenance and Recovery), and Child Welfare.

Each of these programs was operated by a branch. Program delivery was managed by a fourth branch, Social Services Delivery, which operates through 42 district offices, staffed by social workers.

A fifth branch, Metis Development, operated two main programs, Metis Settlement Associations and School Food Services, and was responsible for the delivery of its own programs. As of November 1, 1980, this branch was transferred from the department, with the Metis Settlement Associations program going to Alberta Municipal Affairs, and School Food Services to Alberta Education.

The major program activities for the reporting year in the Social Services Division were the introduction of the Day Care Subsidy program, the full implementation of the Assured Income for the Severely Handicapped, and the increase in social workers for district offices to reduce caseload pressure. Activities relating to the Child Welfare Branch were also significant. An updated Child Welfare Manual was distributed; initiatives were undertaken in response to the Ombudsman's Special Report on Foster Care which was tabled in March 1981; and a submission was presented to the Cavanaugh Commission of Inquiry into Child Welfare in Alberta, a board of inquiry established by the Minister of Social Services in March, 1980 to examine various aspects of the Child Welfare system in Alberta.

SOCIAL SERVICES DELIVERY BRANCH

Through its 42 district offices, the Social Services Delivery Branch is responsible for providing to the public the programs operated by the division's Income Security, Family Maintenance and Court Services, and Child Welfare branches.

In July 1980, the branch implemented the new Day Care Subsidy program. To implement this program, 39 new staff positions were created within the district offices. The first stage of increased staffing in child welfare services was also undertaken simultaneously, with 45 new positions being created to reduce caseload size.

The focus on child welfare was continued in October with the creation of 34 positions to implement special services for the abused child. These services included the introduction of the 24-hour Zenith 1234 Hot Line; specialized staff were

added to handle calls. The third stage of service improvement in child welfare occurred in February 1981, when 116 positions were added to the district office system to further reduce caseload size.

In the area of Income Security, the increasing activity of the appeals committees was recognized, and full-time support staff positions were created in the major centres.

INCOME SECURITY BRANCH

The Income Security Branch operates in four primary areas: Social Allowance; Assured Incomes, Adult Care, and Medical Services; Day Care Subsidy; and Appeals and Investigations.

SOCIAL ALLOWANCE

The objective of the Social Allowance program is to provide financial help to people who do not earn enough to meet their basic needs and those of their families. People without any other source of income may receive assistance through the program. Rehabilitation and employment services are also provided to help people become productive and independent.

Benefits include food, shelter, fuel and utilities, and personal allowances. Unemployable recipients also receive monthly clothing and household allowances. In addition, medical and other special benefits may be provided as warranted by circumstances.

The Guardian Social Allowance program provides social allowance benefits to dependent children, where the parents of a child are unable to care for their child, and the child is being cared for in the home of another person.

Social Allowance cases decreased by 1,654 in the 1980-81 fiscal year. This reduction was due to a combination of factors: mentally and physically healthy applicants and their spouses were expected to seek employment; legislation which permits the department to seek maintenance from husbands and fathers of persons being assisted; the Assured Income for the Severely Handicapped (AISH) program which provides a source of income for some Social Allowance recipients. The continued availability of employment in the province also contributed to the decrease.

The table on the next page breaks down the caseload by reason for assistance, and compares the averages for 1979-80 with those for 1980-81.

Caseload by Reason for Assistance

	1979-80	1980-81	Change
Persons 60 years and older	4,643	3,611	- 1,032
Physical illness or disability	5,721	5,756	+ 35
Mental illness	1,829	1,297	- 532
Mental retardation	1,262	479	- 783
Unsuitable for employment	1,023	733	- 290
Persons with dependent children	13,162	13,198	+ 36
Employable	4,033	4,936	+ 903
Subtotal	31,673	30,010	- 1,663
Guardian Social Allowance	907	916	+ 9
Total	32,580	30,926	- 1,654

Further statistics and commentaries on the Social Allowance caseload, and on the characteristics of recipients, can be found on pages 8 to 13 at the end of this division's report.

ASSURED INCOMES, ADULT CARE, AND MEDICAL SERVICES

The Alberta Assured Income Plan (AAIP) is a provincial supplement paid to persons receiving the federal Guaranteed Income Supplement to the Old Age Security pension.

At the end of the 1980-81 fiscal year, the benefit level ranged from a minimum of \$10 to a maximum of \$75 per month. There was an average of 81,100 AAIP recipients over the past fiscal year, an increase of 1,211 over 1979-80.

Further statistical information on AAIP can be found on pages 14 and 15 at the end of this division's report.

The Blind Persons Allowance, Disabled Persons Allowance, Blind Persons Pension, and the Disabled Persons Pension program were discontinued effective February 1, 1981. No applications have been accepted for these programs since 1968. Prior to February 1, 1981, the majority of recipients under these programs had transferred to the Assured Income for the Severely Handicapped program (AISH) which provided a greater level of benefit. The 60 persons remaining on these programs at the time they were discontinued were granted either an equivalent special benefit under the AISH program or an increase in their Social Allowance benefits.

At the end of the fiscal year, two persons continued to receive benefits under the Supplementary Allowance Program for Old Age Security pensions.

The Assured Income for the Severely Handicapped (AISH) program commenced in December 1979 to enhance the living conditions of severely handicapped Albertans.

The program provides a level of income approximately equivalent to that available to Alberta's senior citizens. The maximum benefit at the end of the 1980-81 fiscal year was \$450. Persons who could not meet their basic needs from this amount could receive a supplement under the Social Allowance program if they qualified. Recipients residing in nursing homes, auxiliary hospitals, and other designated facilities received a modified benefit which was equivalent to the amount of basic necessities as determined under the Social Development Act, plus \$40.

There was an increase in the number of AISH recipients from 3,638 in April 1980 to 7,201 in March 1981.

Further statistical information on the AISH program can be found on pages 16 and 17 at the end of this division's report.

DAY CARE SUBSIDY

The purpose of the Day Care Subsidy program, implemented August 1, 1980, is to assist low-income families to pay for day care costs while they are working, attending educational institutions, or who have special needs. The amount of subsidy benefit payable is based on net family income and family size. The maximum monthly subsidy benefit is \$215 for full-time day care and \$100 for after-school care.

Subsidy Program Growth to March 31, 1981

	Participating Families	Subsidized Children in Care		
		Day Care	After-School	Total
Edmonton	2,037	2,014	536	2,550
Calgary	2,609	2,759	702	3,461
Other District Offices	1,127	1,383	90	1,473
	<u>5,773</u>	<u>6,156</u>	<u>1,328</u>	<u>7,484</u>

Further statistical information on the Day Care Subsidy program can be found on pages 18 and 19 at the end of this division's report.

APPEALS AND INVESTIGATIONS

In 1980-81, appeal committees considered 1,333 Social Allowance appeals: 998 decisions were reversed or varied and 335 decisions were confirmed. This was an increase of 802 appeals over the same period last year.

During 1980-81, 307 AISH appeals were heard: 205 decisions were reversed or varied and 102 decisions were confirmed.

Reasons for Appeals

	Social Allowance	AISH
Refused Social Allowance or AISH	332	215
Cancellation of Social Allowance	62	—
Inadequate Social Allowance or AISH	589	5
Reduced Social Allowance	30	—
Suspension of Social Allowance	9	—
Other Reasons	311	87
	1,333	307

From April 1, 1980, to March 31, 1981, a total of 548 cases was assigned for investigation by a staff of seven investigators. In addition, 157 cases were still under investigation from the previous year. Fourteen cases were prosecuted and convicted. Action was taken in 551 cases, while 27 cases were unfounded or did not require intervention. Investigation continues for 127 cases. Assistance was terminated on 46 cases. The amount recoverable as a result of cases investigated is \$212,616.

FAMILY MAINTENANCE AND COURT SERVICES BRANCH

The Family Maintenance and Court Services Branch, formerly known as Maintenance and Recovery, continued to have as its principal objective the collection of revenue from persons who are responsible for supporting their dependents. They may be:

- spouses who are separated or divorced from their families;
- fathers of children born out of wedlock; or
- parents whose children are in care through the child welfare program.

Collection of maintenance concerning families on Social Allowance is a major activity, but assistance is also provided to members of the general public who wish to make maintenance applications in the courts.

Because relationships within families are becoming more complex, a number of other services are continuing to be developed and refined.

- Staff are available in court services units for performing assessments for the court, and working with families in the area of maintenance, custody/access, and family assaults. These services are offered daily in seven of the eight provincial family court centres, and monthly in all other rural district office sites.
 - The family conciliation service continues to be offered in Edmonton. This service provides counselling to families who are seeking resolution to their marital difficulties within the legal system.
- In the area of revenue collection, the branch is also responsible for collecting overpayments from

individuals who received excessive funds while they were receiving Social Allowance.

Further statistical information on the activities of the branch will be found on pages 20 and 21 at the end of this division's report.

CHILD WELFARE BRANCH

Child welfare programs and services to children and their families are provided on the basis of the authority given in the Child Welfare Act. This legislation provides for the appointment of a Director of Child Welfare and describes the director's responsibilities to include:

- Arranging for the investigation of all allegations that children are in need of protection;
- Providing guidance counselling and other services to assist children and families when the children are in need of protection;
- Providing care and supervision for children assigned to custody or guardianship;
- Planning for the long-term security of children in permanent care.

It is assumed that most parents desire to care for their children, and child welfare programs emphasize early problem identification and intervention. To help parents acquire the necessary skills to care for their children, an extensive range of community-based services is mobilized. Substitute care for children is used only where it is evident that it is not in a child's best interest to remain with the family.

Through the district office delivery system, the following range of community and residential services is provided.

FAMILY AND COMMUNITY RESOURCES

Family and community-based resources focus on maintaining the child with the family in the community. There are four major program areas: Protection Services, Handicapped Children's Services, Community Contract Services, and Services to the Young Offender.

Protection Services: Each year the well-being of many children is placed in jeopardy through neglectful or abusive acts. In a continuing effort to identify, investigate, and assist these children and their families in 1980-81 the following activities were undertaken:

- a major advertising campaign directed towards the identification of child abuse was commenced;
- a significant number of child protection social work positions and child abuse consultant teams was created;

- a new Child Abuse Hot Line (Zenith 1234) was introduced to increase the rapid and efficient investigation of reports of child neglect and abuse.

Handicapped Children's Services: This service provides support to handicapped children in their own homes. Families enter into an agreement with the Director of Child Welfare to help defray costs of meeting specific needs, while retaining guardianship of their children. Services include specialized diagnostic and therapeutic treatment, transportation, counselling and training, parental relief, and specialized residential accommodation.

Community Contract Services: Where a particular service is lacking, the Child Welfare Branch contracts for services with individuals and agencies to ensure that the child and family will receive the care and treatment required. Some services provided through these projects work to improve parenting skills in families, and to assist children acquire social skills so that they will gain a feeling of self-respect and personal value.

Services to the Young Offender: The branch provides services to those children who have been judged delinquent. Probation services are offered which care for and monitor the behavior of children placed on probation.

RESIDENTIAL RESOURCES

Residential resources incorporate a continuum of residential placements which are used depending upon the unique needs of each child. These resources include foster homes, group homes, specialized homes, receiving and detention facilities, and treatment centres. Adoption is a unique form of permanent residential placement for children in need of permanent families.

Foster Care Program: This is designed to provide temporary care for children who must be removed from their families, but do not require treatment or confinement. The focus is to work with the child and the family in order to facilitate the return home as soon as possible.

A new thrust was undertaken in 1980-81 to ensure that foster parents would not experience financial loss as a result of their foster parent function. An accountable advance payment was introduced to provide foster parents with enough money to help meet the foster child's basic expenses while awaiting the regular monthly cheque. The system also ensures that financial assistance is available for unexpected expenses.

In November 1980, the Alberta Foster Parent Association attracted 400 delegates to its annual convention. Workshops were conducted which featured topics such as Maintaining the Native Foster

Child's Cultural Identity, and The Management of the Special Needs of the Foster Child.

Residential Care Program: Where the needs of a child are not appropriate for the range of foster homes available, detention, receiving, treatment, and rehabilitative care is available for the child. One of the major initiatives undertaken in the reporting period was the planning of a Southern Alberta Residential Care Centre in Strathmore. This 48-bed facility will provide care for adolescent children. The program will provide compulsory care and residential care for disturbed and delinquent children residing in the southern half of the province.

Adoption Services: Adoption services are directed to and provide services to the unmarried mother, assist prospective parents to adopt children who are permanent wards of the province, and assist step-parents and legal guardians with the process of legal adoption.

Services for the unmarried mother assist her in making plans for the care of the child, and in obtaining financial aid. There is also provision of residential resources for the mother and child prior to and after the birth. Within the planning for the child's care, the mother can choose to voluntarily surrender the child on a permanent basis to the Director of Child Welfare. This allows the child to be placed for adoption. Of the mothers seen in this program, approximately one half surrender their children. The majority of these children are newborns.

The mandate of the Director of Child Welfare includes the responsibility for processing all adoptions. Each year the number of families seeking to adopt increases. The majority of these families want a newborn child. This increase in demand has led to a waiting period for prospective adoptive parents of a minimum of 16 months.

As the table below shows, there was a slight decrease in the number of adoptions between 1979-80 and 1980-81.

Number of Adoptions			
	79-80	80-81	Change
Non-ward adoptions completed	919	912	- 0.8%
Ward adoptions approved	1,094	964	-11.9%
Total	2,013	1,876	- 6.8%

STAFF DEVELOPMENT

Recruitment standards for child welfare workers were revised in 1981, greater emphasis being placed on academic prerequisites in the area of social work. In addition, with the assistance of the American

Humane Association, a progressive in-service training program was established for child welfare workers. All child welfare supervisory staff and case workers completed this training.

The Child Care Worker In-service Education and Certification Program continued to train and certify child care workers. The number of certified workers leaving their jobs is significantly less than that of

non-certified workers. A training program is offered in conjunction with the certification. This has proved to be successful, an increasing number of workers being trained.

Statistical information on the branch's child welfare programs will be found on page 22 at the end of this division's report.

Social Services—Statistics for 1980-81

SOCIAL ALLOWANCE PROGRAM

Total Cases (Families and Singles)*

In 1980-81, the number of cases receiving Social Allowance declined a substantial 5.2 per cent (1,663) from the previous year. This resulted in an average monthly caseload of 30,010 (10,172 single, 19,838 families) compared with 31,673 in the previous year. This is the lowest average caseload since 1974.

The major cause of the decline was implementation of the Assured Income for the Severely Handicapped (AISH) program in December 1979. During this reporting period, a monthly average of 268 cases was transferred out of the Social Allowance caseload and into the AISH program. The categories on assistance affected by the AISH program were the aged, physically handicapped, mentally handicapped, and those unsuited for employment.

The characteristics of, and changes in, the caseload for the reporting period are illustrated in the figures which are shown on the pages which follow. Commentaries on the figures appear in the text on this page.

Figure 1 (opposite page)

Social Allowance Caseload, by Category

Figure 1 shows that the average monthly caseload for people aged 60 years and over was 3,611 in 1980-81, a 22.2 per cent decrease from 1979-80. The major portion of the decrease may be attributed to transfers to the AISH program. Severely handicapped persons receive higher benefits under this program to compensate for handicapped-related expenses. A continuing but less significant factor in the decrease was improved coverage for seniors by the Canada Pension Plan and private pension plans.

Figure 2 (pages 10 and 11)

Persons With Dependent Children (Single Parents)

The single-parent average monthly caseload increased slightly by 38 cases or 0.3 per cent over the previous year, to 13,198 cases. This reversed a trend of steady decline since April 1978, which resulted from encouraging single parents to seek employment and

a general tightening of administration. The 1980-81 reverse trend may be due to inflation, which increased in Alberta from an average rate of 8.9 per cent in 1979-80 to 11.3 per cent in 1980-81. This hits most heavily the ability of people to pay rent.

The number of single parents employed full time on Social Allowance increased by 7.6 per cent according to the June 1980 figures, from 1,423 to 1,532. Such families receive a supplement to the single-parent payment.

Figure 3 (page 12)

Physically Handicapped

The 1980-81 average monthly caseload was 5,756, a 0.6 per cent increase from 1979-80. This is due mainly to:

- persons applying for AISH and receiving Social Allowance while waiting, or if rejected;
- a levelling off of the effects of the administrative tightening of April, 1978.

Figure 4 (page 12)

Mentally Handicapped

(Mental ill health and retardation)

The average monthly caseload for the mentally handicapped decreased by more than 42 per cent in 1980-81 to 1,776 cases. This was due to transfers of cases to the AISH program.

Figure 5 (page 13)

Employables and Unsuitable for Employment

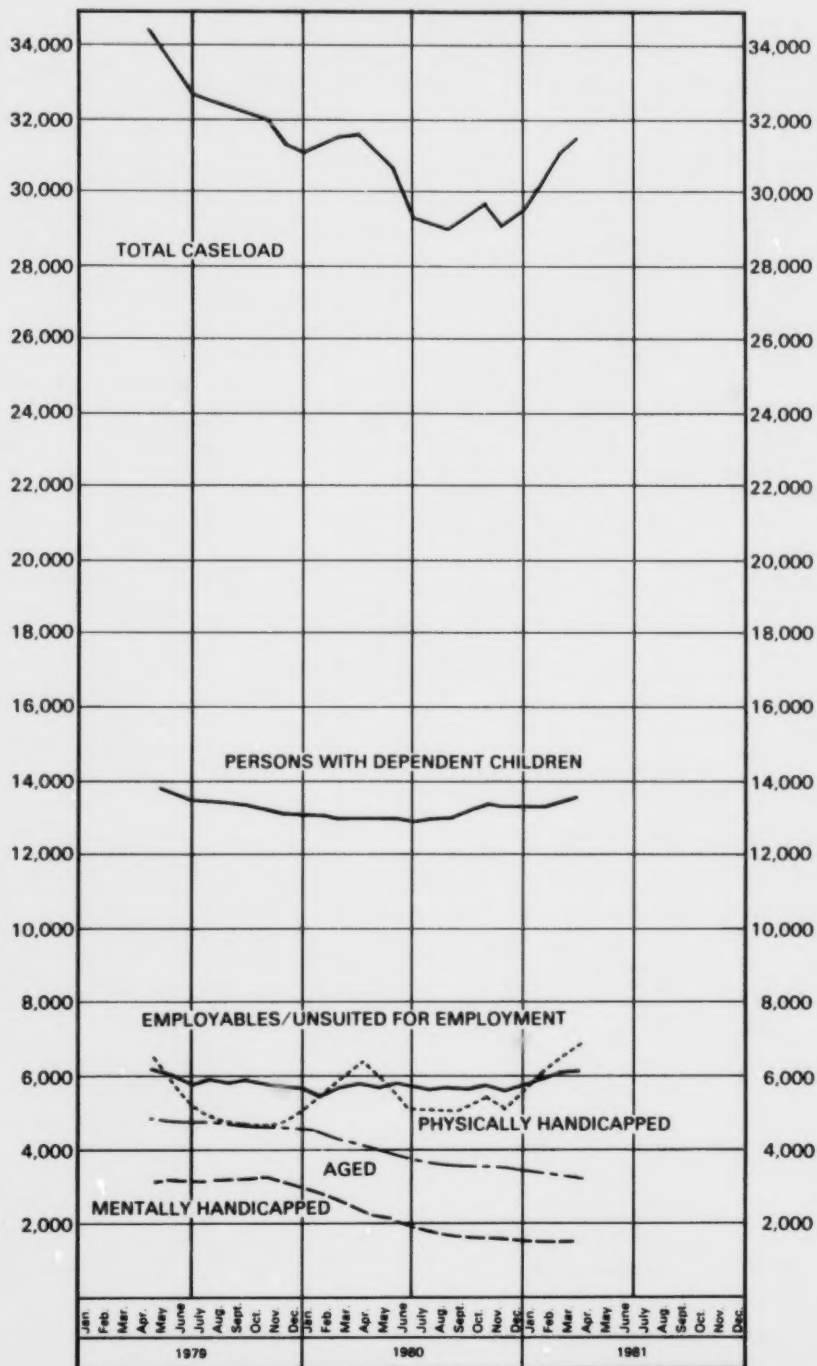
The employable caseload increased by 12.1 per cent in 1980-81 to 5,669 cases. Of this total, 4,936 cases were employables and 733 cases were unsuitable for employment. The employables caseload increased due to a higher rate of inflation. The caseload of those unsuited for employment decreased mainly due to transfers of cases to the AISH program.

*Excludes monthly average of 916 cases receiving Guardian Social Allowance

Social Services — Statistics for 1980-81

SOCIAL ALLOWANCE PROGRAM

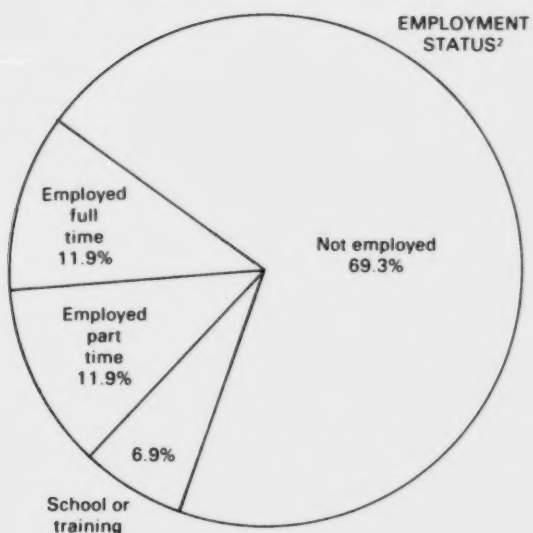
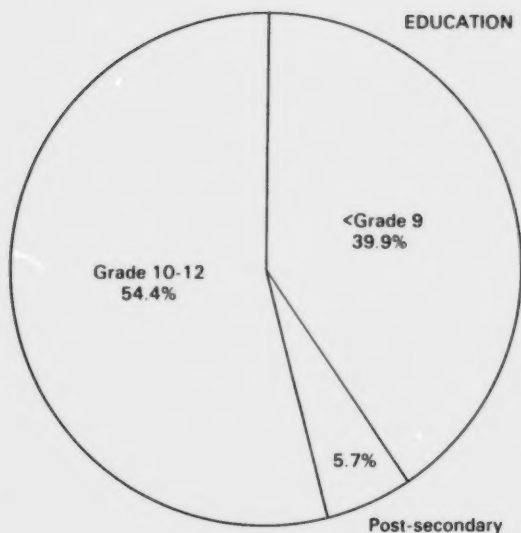
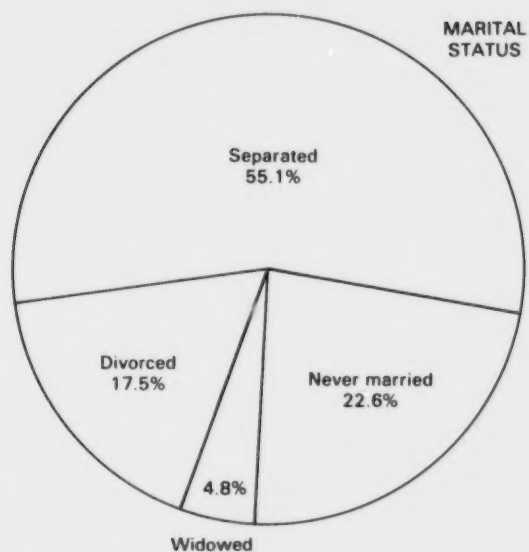
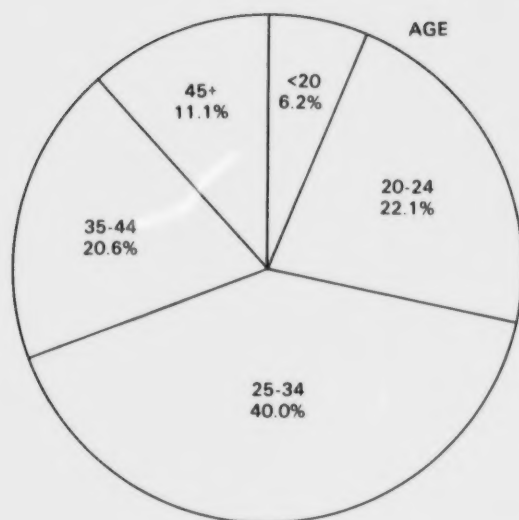
Figure 1
Social Allowance Caseload, by Category



Social Services — Statistics for 1980-81

SOCIAL ALLOWANCE PROGRAM

Figure 2
Characteristics of Single Parents¹



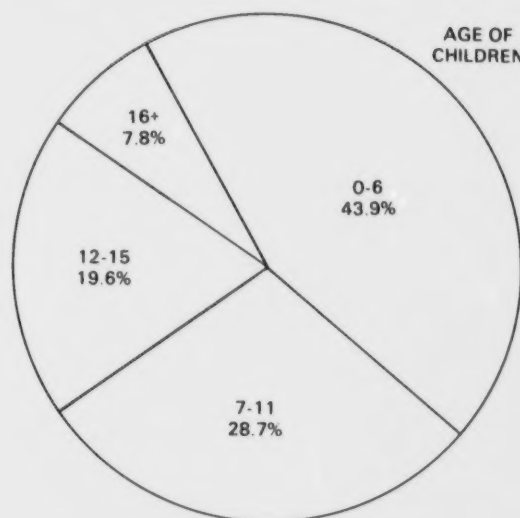
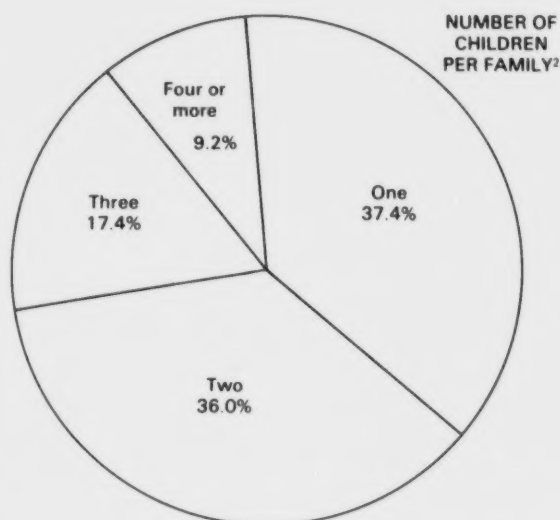
1. The number of single parents in June 1980 totalled 12,871.

2. 39.1 per cent were seeking full-time employment.

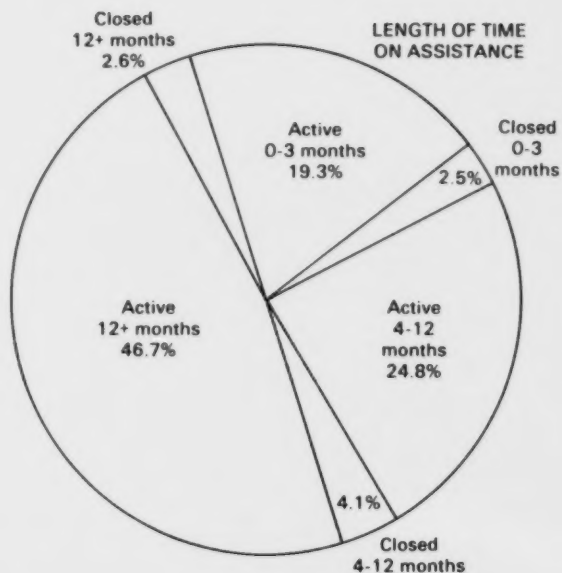
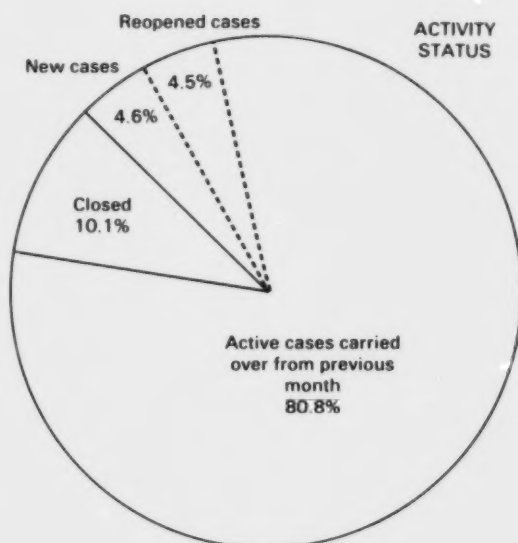
SOCIAL ALLOWANCE PROGRAM

Figure 2
Characteristics of Single Parents(continued)

A. Active Cases Only¹



B. Active and Closed Cases³



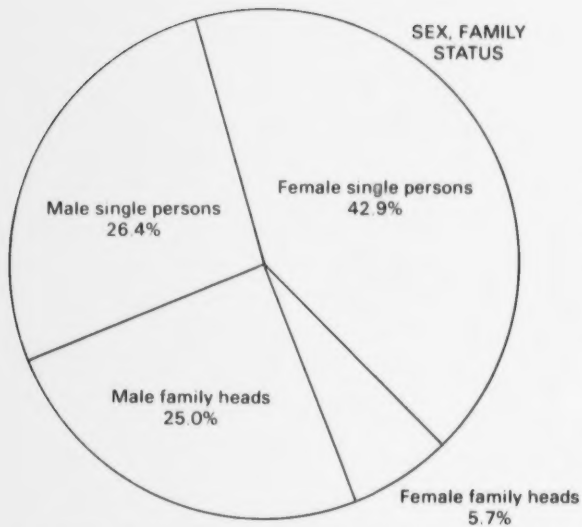
1. The number of single parents in June 1980 totalled 12,871.
2. The number of dependents in single-parent families totalled 26,047.
3. Active and Closed Cases totalled 14,176.

Social Services—Statistics for 1980-81

SOCIAL ALLOWANCE PROGRAM

Figure 3

Characteristics of Physically Handicapped People¹



1. Physically handicapped people in June 1980 totalled 5,610.

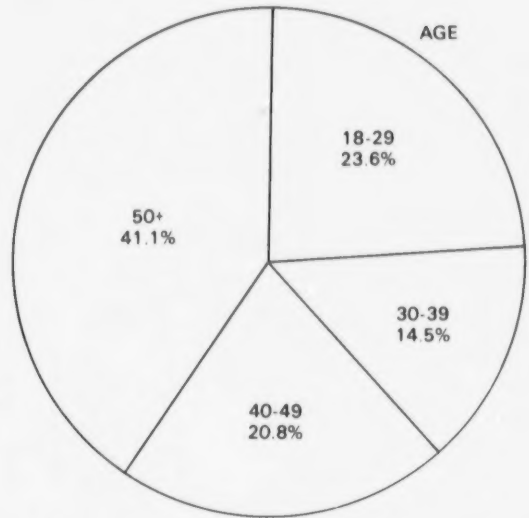
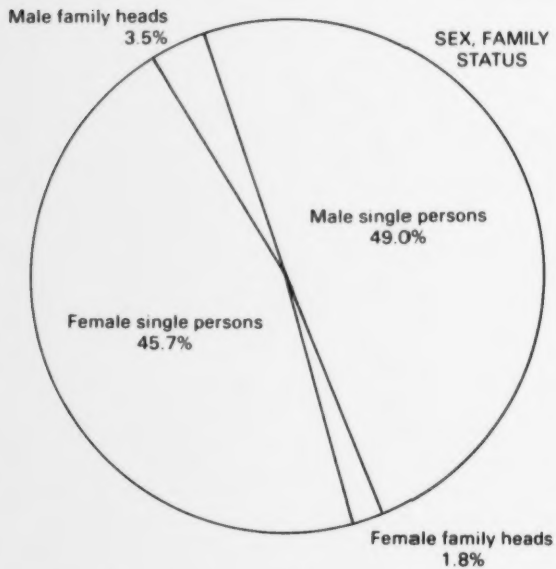
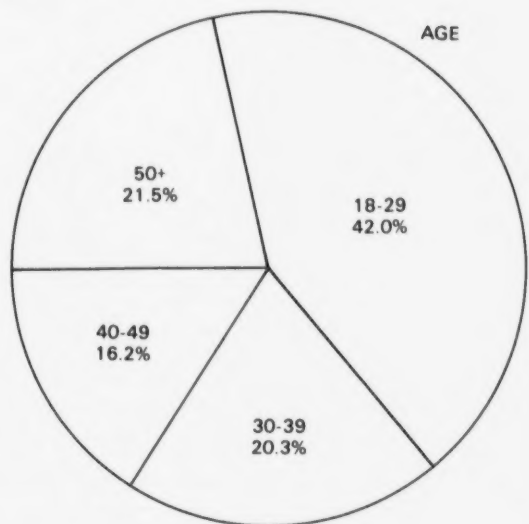


Figure 4

Characteristics of Mentally Handicapped People¹
(Mental Ill Health and Mental Retardation)



1. Mentally handicapped people in June 1980 totalled 1,915.



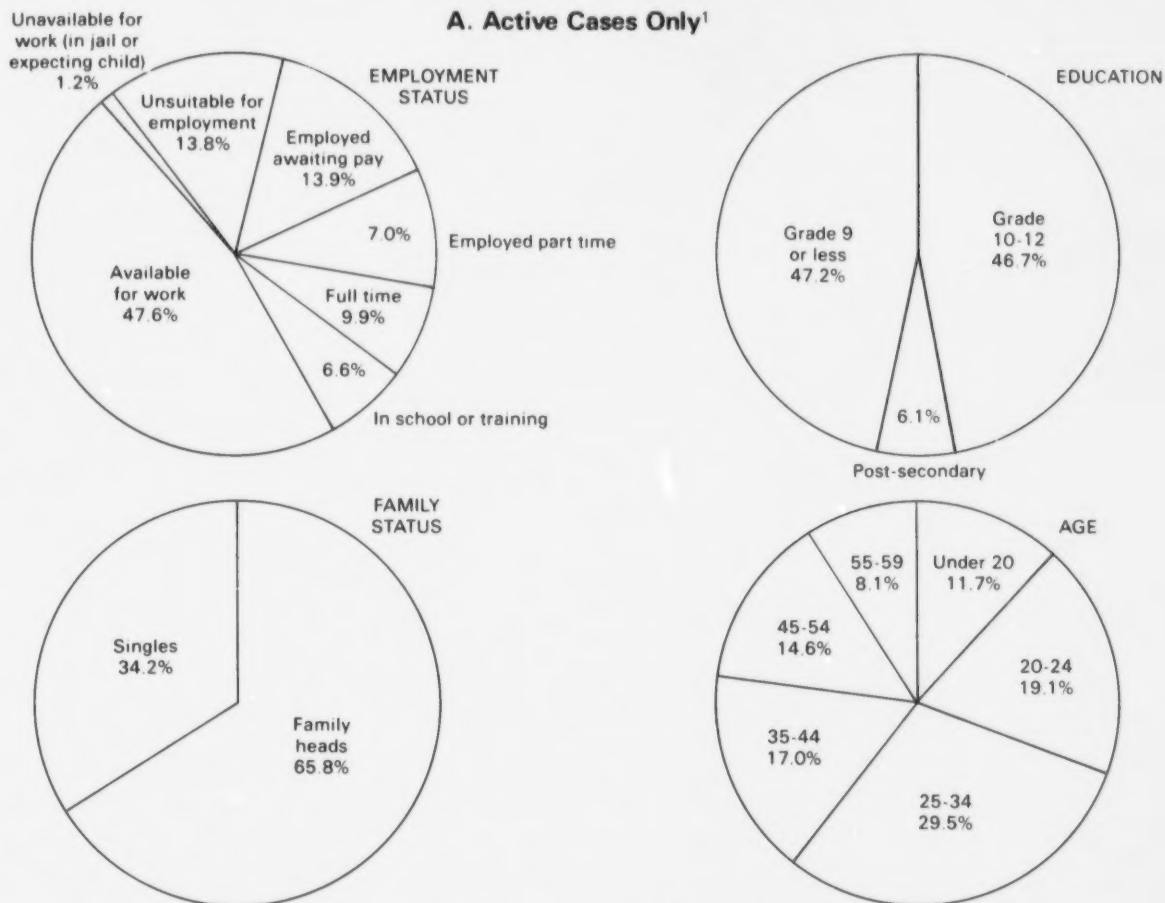
Social Services—Statistics for 1980-81

SOCIAL ALLOWANCE PROGRAM

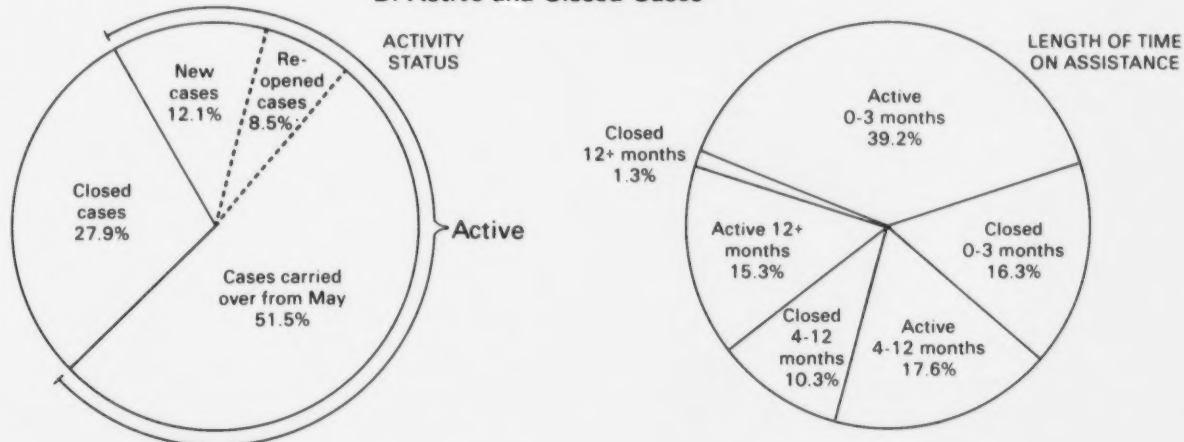
Figure 5

Characteristics of Employables (Employable and Unsuitable for Employment)

A. Active Cases Only¹



B. Active and Closed Cases²



1. Number of cases in June 1980 totalled 5,148

2. Number of cases in June 1980 totalled 7,137

PENSION BENEFITS FOR SENIOR CITIZENS THE ALBERTA ASSURED INCOME PLAN (AAIP)

Table 1

Maximum Monthly Benefits

Table 1 shows the average monthly maximum amounts of federal and provincial benefits for senior citizens during the reporting period.¹ Pensioners received a federal Old Age Security (OAS) pension averaging to \$194.26 per month. In addition, pensioners with limited income from other sources received benefits from the federal Guaranteed Income Supplement (GIS) and from the Alberta Assured Income Plan (AAIP). Both GIS and AAIP payments are reduced with increasing income from sources other than OAS. These payments also vary with marital status and with a spouse's eligibility for OAS or for Spouse's Allowance.

During the reporting period, the average maximum monthly GIS payment was \$186.48 for a single pensioner, and \$292.20 for a two-pensioner couple. The average maximum monthly AAIP payment was \$67.50 for a single pensioner, and \$136 for a two-pensioner couple. In total, the two levels of government guaranteed an average minimum monthly income of \$448.24 for a single pensioner, and \$816.72 for a two-pensioner couple. These income levels represent an increase over the previous year of 22.2 per cent for a single pensioner, and 18.4 per cent for a two-pensioner couple. This percentage increase is mainly due to a special \$35 increase (in addition to indexing) in GIS by the federal government and a \$30 increase in AAIP by the provincial government in July 1980.

Table 2 (on opposite page)

Recipients by Marital Status

Table 2 shows the number of AAIP recipients by marital status and major categories of benefit. Of the 81,100 AAIP recipients,

53.7 per cent were single, widowed or divorced; 46.3 per cent were married. The total number of recipients increased only 1.5 per cent over the previous year's total of 79,889 in spite of a 3.5 per cent increase in the total population of senior citizens in the province.²

The proportion of recipients receiving maximum benefits decreased by 23.6 per cent. Part of a continuing trend, the small increase in the total number of recipients and the decrease in the proportion receiving maximum benefits indicates that more senior citizens were deriving income from other sources such as the Canada Pension Plan and private pensions from former employment.

Table 3 (on opposite page)

Recipients by Geographic Distribution

Table 3 shows the distribution of AAIP recipients in the province. Only 39.7 per cent resided in Calgary and Edmonton, although the two cities housed 48.0 per cent of the province's aged population.³ This indicates a higher concentration of low income senior citizens in non-metropolitan areas.

¹The benefits for both OAS and GIS increased at the beginning of each quarter. The figures presented here represent the average maximum benefits paid during the year. The details of federal OAS and GIS and Spouse's Allowance are described in the Glossary on page 1.

²The number of senior citizens (65 and over) in Alberta in the 1976 Census was 137,925. According to the Alberta Bureau of Statistics Population Projections (Series 4), the senior citizen population was expected to increase to 157,400 in 1980.

³Source: 1976 Census.

Table 1

Average Monthly Benefits Payable from OAS, GIS and AAIP by Marital Status, and Comparing the Years 1980-81 with 1979-80

Marital Status	Federal		Provincial	Average Federal + Provincial		
	OAS	Maximum GIS	Maximum AAIP	Maximum Monthly Benefit 1980-81	1979-80	% Change
Single, Widowed, Divorced	\$194.26	\$186.48	\$ 67.50	\$448.24	\$366.71	22.2
Married:						
Two-Pensioner Couples						
Each	194.26	146.10	68.00	408.36	344.46	18.4
Total	388.52	292.20	136.00	816.72	688.92	18.4
One-Pensioner Couples						
With no Spouse's Allowance	194.26	186.48	67.50	448.24	366.71	22.2
With Spouse's Allowance						
Head	194.26	146.10	67.50	407.86	342.27	19.2
Spouse	194.26	146.10	*	340.36	297.26	14.5
Total	388.52	292.20	67.50	748.22	639.53	17.0

*Recipients of Spouse's Allowance were not eligible for the Alberta Assured Income Plan.

Social Services— Statistics for 1980-81

PENSION BENEFITS FOR SENIOR CITIZENS THE ALBERTA ASSURED INCOME PLAN (AAIP)

Table 2

Average Monthly Recipients of AAIP,
by Marital Status Group and Levels of Benefit

Marital Status Group	Maximum Benefit		Partial Benefit		\$10 Minimum		Total	
	#	%	#	%	#	%	\$	%
Single, Widowed, Divorced	15,363	35.3	24,611	56.5	3,586	8.2	43,560	53.7
Married:								
Two-Pensioner Couples	4,001	13.7	23,002	78.5	2,294	7.8	29,297	36.1
One-Pensioner Couples								
With no Spouse's Allowance	1,177	37.8	1,388	44.6	547	17.6	3,112	3.8
With Spouse's Allowance	470	9.2	4,354	84.9	307	6.0	5,131	6.3
Total Married	5,648	15.0	28,744	76.6	3,148	8.4	37,540	46.3
Total 1980-81	21,011	25.9	53,355	65.8	6,734	8.3	81,100	100.0
Total 1979-80	25,963	32.5	42,055	52.6	11,871	14.9	79,889	100.0
Change From 1979-80 to 1980-81	-4,952	-6.6	+11,300	+13.2	-5,137	-6.6	+1,211	
Percentage Change from 1979-80		-23.6		+26.9		-43.3		+1.5

Table 3

Recipients of AAIP, by Marital Status,
for Cities of 30,000+ Population and the Rest of the Province
March 1981

	Single, Widowed or Divorced		Married Couple Two Pensioners		Married Couple One Pensioner Without Spouse's Allowance		Married Couple One Pensioner With Spouse's Allowance		Total	
	#	%	#	%	#	%	#	%	#	%
Calgary	8,538	19.7	4,859	16.2	411	12.9	732	13.9	14,540	17.8
Edmonton	10,593	24.4	5,907	19.7	481	15.1	900	17.1	17,881	21.9
Lethbridge	1,631	3.8	1,314	4.4	96	3.0	175	3.3	3,216	3.9
Medicine Hat	1,245	2.9	1,008	3.4	92	2.9	179	3.4	2,524	3.1
Red Deer	705	1.6	460	1.5	45	1.4	111	2.1	1,321	1.6
Rest of Province	20,623	47.6	16,448	54.8	2,058	64.7	3,170	60.2	42,299	51.7
Total*	43,335	100.0	29,996	100.0	3,183	100.0	5,267	100.0	81,781	100.0

*Total excludes cases with no postal code.

Social Services—Statistics for 1980-81

ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)

The Alberta Assured Income for the Severely Handicapped (AISH) was implemented in December 1979 to assist severely handicapped individuals with low incomes. On meeting AISH's medical criteria, handicapped people are eligible for one of three types of AISH.

- 1) An income-tested regular AISH benefit that pays a maximum of \$450 per month payable to clients living in the community. An earning exemption is allowed: \$125 for single persons and \$600 for couples. Each dollar of additional earnings reduces the benefit by 75 cents.
- 2) A maximum modified AISH benefit of \$40 payable to handicapped persons residing in nursing homes, auxiliary hospitals, and designated facilities. This is in addition to the cost of care which is provided through AISH and other programs.
- 3) For severely handicapped people receiving Social Allowance, supplementation to regular AISH benefits of \$450 provides \$40 in excess of Social Allowance needs. This is a group whose financial needs could not be met by regular AISH benefits, largely due to having dependents.

Table 4
Types of Benefits

Table 4 indicates the average monthly number of recipients receiving AISH by type of benefit during 1980-81. Of 5,870 cases, a majority of 4,093 (69.7 per cent) received regular AISH benefits. A smaller group of 1,170 (20.0 per cent) received a Social Allowance supplement to AISH. The remaining 607 (10.3 per cent) received the \$40 modified AISH benefit.

Table 5
Primary Medical Problems

Table 5 shows the primary medical problems of AISH recipients. More than one quarter of the group suffered some form of neurological impairment; a further 22.3 per cent were mentally retarded. A lower 10.1 per cent had a locomotor handicap, and 9.9 per cent had a psychiatric impairment. The remaining 30 per cent listed other medical disorders, such as cardiovascular diseases, respiratory and sensory problems.

Figure 6 (on opposite page)
Characteristics of Recipients

Figure 6 presents other key characteristics of AISH recipients. The following is a summary of these characteristics.

- Of the 5,870 recipients receiving AISH in 1980-81:
- 84.6 per cent were single persons; 15.4 per cent were living with a spouse or children;
- The caseload split evenly into males and females;
- The age distribution indicates a much higher dependency of older age groups. Although representing only 11.7 per cent of the adult population,* people aged 50-64 years comprised 47.2 per cent of the total AISH caseload. Very few applications were from people 65 years of age or over because of coverage by federal and provincial pension and supplement programs;
- About three quarters of the clients listed more than one medical problem, 24.4 per cent listed two, and 50 per cent listed three or more;
- A majority (41.9 per cent) resided in rented or owned accommodations. A smaller group of 29.9 per cent was in room and board arrangements. Recipients of modified AISH residing in nursing homes, auxiliary hospitals, and designated facilities comprised 10.6 per cent of the total cases. The remaining 17.6 per cent resided in approved homes where room and board was provided with some services;
- Only 19.5 per cent of AISH clients had labor force attachment; 5.5 per cent were fully employed, 7.6 per cent were employed part time, 4.6 per cent were looking for work, and a low 1.8 per cent were in school or training.

*ABS, Series 4 projection for 1981.

Table 4

Recipients by Type of Benefit Average Monthly Caseload

Type of Benefit	#	%
Regular AISH \$450	4,093	69.7
Modified AISH (nursing homes, auxiliary hospitals and designated social care facilities — \$40)	607	10.3
Social Allowance supplement to AISH	1,170	20.0
Total	5,870	100.0

Table 5

Cases: Primary Medical Problems*

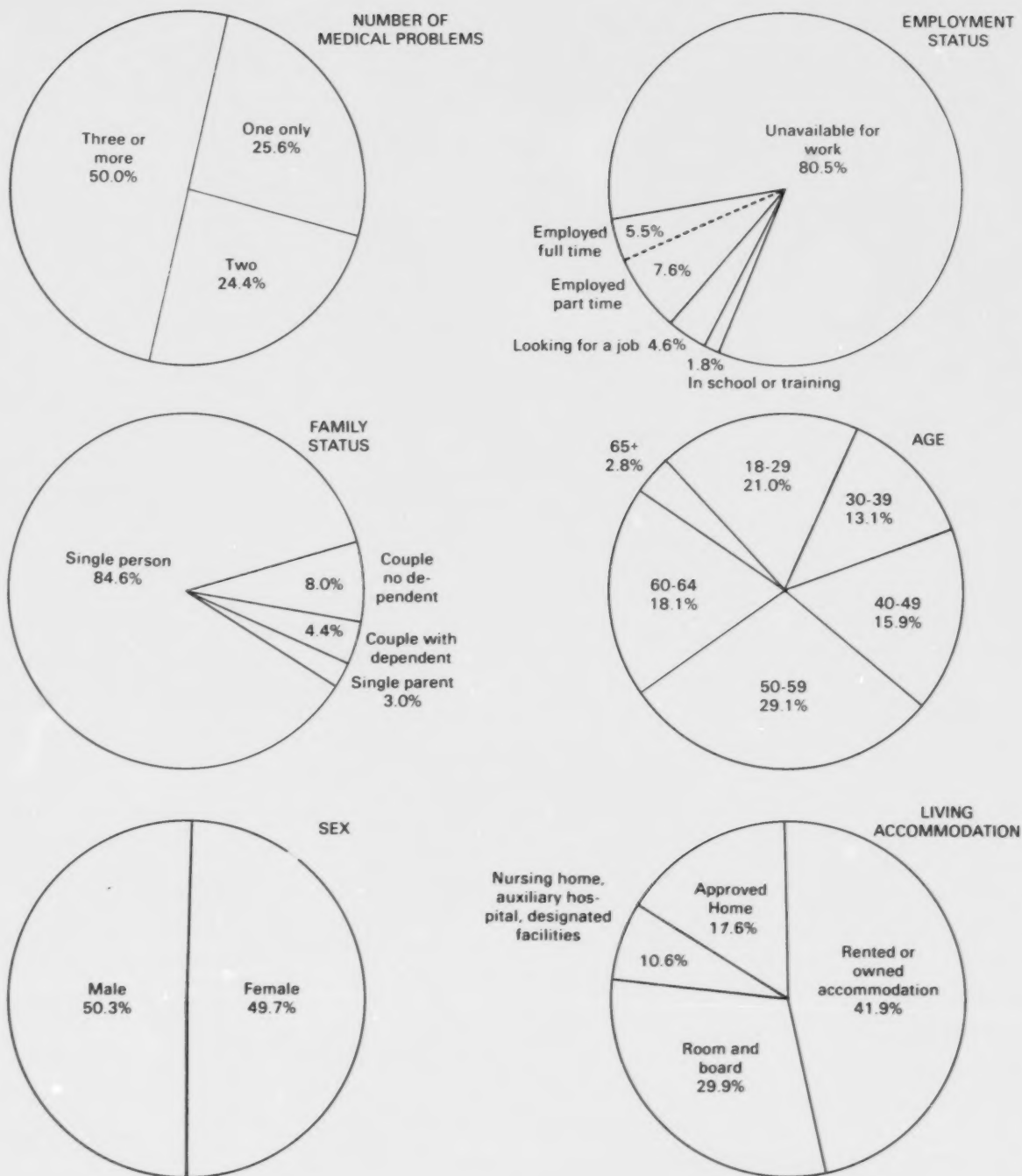
Medical Problem	#	%
Neurological		
Multiple sclerosis	244	4.2
Cerebral palsy	315	5.4
Epilepsy	206	3.5
Parkinsonism	24	0.3
Cerebrovascular diseases	151	2.6
Paralysis — other causes	158	2.7
Other neurological	372	6.3
Paralysis — accident	151	2.6
Subtotal: Neurological	1,621	27.6
Locomotor		
Osteoarthritis	221	3.8
Degenerative disc disease	81	1.4
Arthritis	212	3.6
Fracture, dislocation	41	0.7
Amputation	41	0.7
Subtotal: Locomotor	596	10.2
Psychiatric	579	9.9
Mental Retardation	1,308	22.3
Sensory		
Sight	125	2.1
Hearing	29	0.5
Other sensory	4	0.1
Subtotal: Sensory	158	2.7
Others		
Respiratory	214	3.6
Cardiovascular diseases	325	5.6
Others, including missing data	1,069	18.2
Subtotal: Others	1,608	27.4
Total of all groups	5,870	100.0

*This distribution represents the primary type of condition, not the total number of AISH cases with the condition. A high 74 per cent of the cases had multiple conditions.

Social Services—Statistics for 1980-81

ASSURED INCOME FOR THE SEVERELY HANDICAPPED (AISH)

Figure 6
Characteristics of Recipients



Social Services — Statistics for 1980-81

DAY CARE SUBSIDY

The purpose of the Day Care Subsidy program is to assist low-income families pay for day care costs when parents are working, attending educational institutions, taking job preparation training, or who have some special social or economic need. Employability for the single-parent group depends on the availability and affordability of day care.

Until July 1980, funds for the program were provided on a cost-sharing basis, with Alberta Social Services and Community Health contributing 80 per cent, and each municipality contributing 20 per cent of the money spent for the program in its area. Effective August 1, 1980, the province assumed full responsibility for the funding, delivery, and administration of the Day Care Subsidy program.

Funds for the After-School Care Subsidy are provided on a cost-sharing basis with Alberta Social Services and Community Health contributing 80 per cent and municipalities that wish to participate contributing 20 per cent. Since September 1, 1981, most municipalities have assumed up the responsibility for the administration and delivery of an After-School Care Subsidy program, leaving a few predominately rural areas still receiving after-school subsidy directly from the Day Care Subsidy program.

Table 6

Numbers in Program

Table 6 outlines the numbers of families and children in the Day Care Subsidy program as of March 31, 1981. Calgary had the largest number of children in the program with 3,461, or 46.2 per cent, followed by Edmonton having 2,550, or 34.1 per cent, of the provincial total. The program showed a net increase of 4,268 children or 132.7 per cent over February 29, 1980, figures. The 5,773 participating families paid an average fee of \$65.85 and their average subsidy was \$186.15.

Table 7

Number and Age of Children

Table 7 shows the number and average age of subsidized children in the various types of day care services at March 31, 1981. The majority of children, 5,220, or 69.7 per cent, were using day care centres. There were 936 children in family day homes and 1,328 children in after-school care. The average age of children in day care was 4.5 years.

Table 6

Families and Children in Subsidy Program

District Office	Participating Families	Children in Day Care
Barrhead	10	12
Bonnyville	9	11
Brooks	24	34
Calgary Foothills	2,609	3,461
Camrose	40	59
Crowsnest	*	*
Drumheller	34	42
Edmonton Capilano Centre	2,037	2,550
Edson	*	*
Fort McMurray	52	64
Grande Prairie	91	111
High Level	*	*
High Prairie	56	88
Lac La Biche	*	*
Lethbridge	284	398
Medicine Hat	138	169
Olds	5	5
Peace River	16	18
Red Deer	230	293
Rocky Mountain House	9	10
St. Paul	17	19
Slave Lake	19	25
Stettler	12	15
Vermilion	6	6
Wainwright	22	29
Wetaskiwin	44	55
Total	5,773	7,484

Table 7

Subsidized Children and their Average Age by Type of Day Care

Type of Care	Children		Average Age
	#	%	
Day Care Centre (Full time)	5,008	66.9	3.9
Day Care Centre (Part time)	212	2.8	4.2
Family Day Home (Full time)	912	12.2	2.9
Family Day Home (Part time)	24	0.3	4.3
After-School Care (Full time)	1,301	17.4	8.0
After-School Care (Part time)	27	0.4	7.7
Total	7,484	100.0	4.5

*Less than 5 cases not reported.

Social Services — Statistics for 1980-81

DAY CARE SUBSIDY

Table 8

Parents on Social Allowance

Table 8 shows the number of families and the number of children in the Day Care Subsidy program by Social Allowance status. Out of 5,773 families in the program 1,116 families, or 19.3 per cent, were on Social Allowance. This was a substantial increase over February 29, 1980, when the percentage was 11.3.

Table 8

Families and Children in Program by Social Allowance Status

	Families		Children	
	#	%	#	%
Not on Social Allowance	4,657	80.7	5,967	79.7
On Social Allowance	1,116	19.3	1,517	20.3
Total	5,773	100.0	7,484	100.0

Table 9

Reasons for Day Care

Table 9 classifies various reasons for day care requirements of single-parent families and two-parent families. The most frequent reason was that parents work. This was the reason for a day care requirement for 83.5 per cent for single parents, and 85.9 per cent for two-parent families.

Table 9

Family Reasons for Needing Day Care

Single-parent Families		
	#	%
Parent working	4,252	83.5
Parent student	705	13.9
Parent with special needs	134	2.6
Total	5,091	100.0
Two-parent families		
Both parents working	212	31.1
Both parents students	67	9.8
1 working, 1 student	280	41.1
1 special needs, 1 working	93	13.7
1 special needs, 1 student	14	2.1
Both special needs	15	2.2
Total	681	100.0

Social Services — Statistics for 1980-81

FAMILY MAINTENANCE AND COURT SERVICES

The investigations caseload of the Family Maintenance and Court Services Branch averaged 12,482 cases each month during the reporting period. This figure represented an increase of 39.9 per cent over the previous year, as is shown in Table 10 below.

Table 10
Investigations and Collections

Table 10 compares the average monthly caseload for both investigations and collections during the reporting period and the previous year.

Investigation cases result from situations in which the responsible individuals do not fulfil their maintenance responsibilities either through a court order or by voluntary payment. Table 10 shows that in 1980-81, 67 per cent such cases involved deserted wives and children, and 33 per cent involved children of unmarried parents.

Collection cases result from situations in which maintenance orders or voluntary payments have been established. The average monthly caseload was 16,696 cases, which represented an increase of 12.9 per cent over the previous year. Table 10 shows that collection cases associated with Social Allowance overpayment

accounted for the largest portion, 44 per cent of the caseload.

Table 11 (on opposite page)
Receipts and Disbursements

Table 11 compares average monthly receipts and disbursements for the reporting period and the previous year. Monthly receipts averaged \$502,253 in 1980-81, representing an increase of 17 per cent. Of that total, by far the largest proportion was the result of orders and agreements involving deserted wives and children. This category accounted for 64 per cent of all receipts. At the same time, substantial increases were recorded for cases involving children of unmarried parents, parents of wards, Social Allowance overpayments, and repayment agreements.

Table 11 also shows that most of the money collected, 68 per cent, went into General Revenue of the Province. A further 25 per cent was paid directly to wives on Social Allowance in order to reduce Social Allowance payments. The remaining 6 per cent was applied towards the expenses of unmarried mothers who are self-supporting, and their families, these funds being collected from the putative fathers for the support of their children.

Table 10
Average Monthly Caseload, by Type of Investigation or Collection
1979-80 and 1980-81

	1979-80				1980-81				Change			
	Investigations		Collections		Investigations		Collections		Investigations		Collections	
	#	%	#	%	#	%	#	%	#	%	#	%
Deserted wives and children	5,562	62.0	4,421	30.0	8,337	67.0	4,096	24.0	2,775	50.0	(325)	(7.0)
Children of unmarried parents	3,362	38.0	2,716	18.0	4,145	33.0	2,890	17.0	783	23.0	174	6.0
Parents of wards	—	—	638	4.0	—	—	598	4.0	—	—	(40)	(6.0)
Custody by agreement or order	—	—	483	3.0	—	—	433	3.0	—	—	(50)	(10.0)
Social Allowance overpayments	—	—	5,834	40.0	—	—	7,316	44.0	—	—	1,482	25.0
Repayment agreements	—	—	701	5.0	—	—	1,363	8.0	—	—	662	94.0
Total	8,924	100.0	14,793	100.0	12,482	100.0	16,696	100.0	3,558	40.0	1,903	13.0

Social Services — Statistics for 1980-81

FAMILY MAINTENANCE AND COURT SERVICES

Table 11

Average Monthly Receipts and Disbursements 1979-80 and 1980-81

Receipts

	1979-80		1980-81		Change	
	\$	%	\$	%	\$	%
Deserted wives and children	297,606	70.0	320,343	64.0	22,737	8.0
Children of unmarried parents	53,097	12.0	71,276	14.0	18,179	34.0
Parents of wards	12,810	3.0	15,971	3.0	3,161	25.0
Custody by agreement or order	5,968	1.0	4,174	1.0	(1,794)	(30.0)
Social Allowance overpayments	50,994	12.0	69,660	14.0	18,666	37.0
Repayment agreements	7,528	2.0	20,829	4.0	13,301	177.0
Total	428,003	100.0	502,253	100.0	74,250	17.0

Disbursements

	\$	%	\$	\$	\$	%
General Revenue of Province	281,507	66.0	343,744	68.0	62,237	22.0
Applied toward expenses of unmarried mothers	22,109	5.0	32,738	7.0	10,629	48.0
To wives on Social Allowance	124,387	29.0	125,771	25.0	1,384	1.0
Total	428,003	100.0	502,253	100.0	74,250	17.0

Social Services — Statistics for 1980-81

CHILD WELFARE

The Child Welfare Branch provides services to children living in their homes within the community, and to children living in alternative accommodation.

Figure 7 shows that 48.7 per cent of the children receiving services from the branch lived in the homes of parents, relatives or friends. Of those living in alternative accommodation, 27.3 per cent lived with foster parents, close to 10 per cent were in institutions, and close to 5 per cent were living in homes where the family intends to adopt the child.

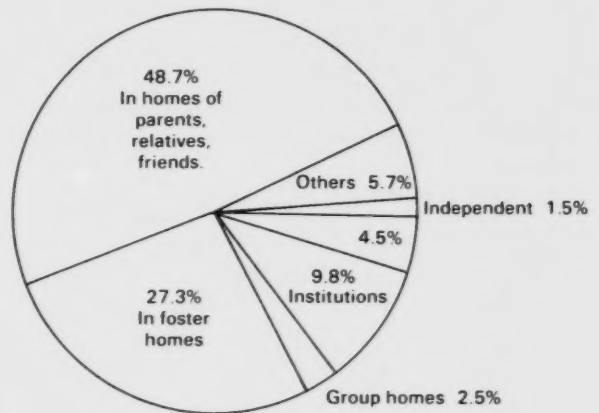
Table 12 shows that the children receiving services from the branch on a monthly basis increased 8.5 per cent from 13,256 in March 1980 to 14,387 in March 1981.

During 1980-81, there was a significant increase in the use of group homes (+24.7 per cent) as a placement for children. Children living independently also increased by a significant number (+32.3 per cent). There was a slight decrease in the number of children living in prospective adoptive homes (-1.2 per cent) due to a decrease in the number of children being placed for adoption.

Table 13 shows the type of status held by children in the care of the branch on March 31, 1980 and March 31, 1981. In 1981, temporary wards under the Child Welfare Act made up the largest group (24.8 per cent), followed by children receiving protection services (23.9 per cent), and by those having a signed handicapped children's agreement (20.9 per cent).

Between March 1980 and March 1981, the most significant changes occurred in the program areas of protection services and delinquency-related services. Protection services increased in numbers by 20.4 per cent, and juvenile delinquents (either with temporary wardship and/or probation) increased by 17.8 per cent.

Figure 7
Caseload*
by Type of Placement



*Total at March 31, 1981 was 14,387

Table 12
Children Receiving Child Welfare Services, by Type of Placement*

Type of Placement	1980		1981		Change %
	#	%	#	%	
Parents/relatives/friends	6,562	49.5	7,011	48.7	+ 6.8
Foster home	3,846	29.0	3,932	27.3	+ 2.2
Group home	291	2.2	363	2.5	+24.7
Institution	1,317	10.0	1,404	9.8	+ 6.6
View to adopting	652	4.9	644	4.5	- 1.2
Independent	167	1.3	221	1.5	+32.3
Other	421	3.1	812	5.7	+92.9
Total	13,256	100.0	14,387	100.0	+ 8.5

Table 13
Children in Care by Child Welfare Status*

Status	1980		1981		Change %
	#	%	#	%	
Permanent ward	1,725	13.0	1,697	11.8	- 1.6
Temporary wards (excluding delinquents)	3,121	23.6	3,567	24.8	+14.3
Wards in adoptive homes	676	5.1	665	4.6	- 1.6
Delinquents in care as temporary wards	387	2.9	463	3.2	+19.6
Children in non-ward care	397	3.0	414	2.9	+ 4.3
Children with handicapped children's services agreements	3,106	23.4	3,007	20.9	- 3.2
Out-of-province wards	222	1.7	243	1.7	+ 9.5
Children adjudged delinquent and on probation	766	5.8	895	6.2	+16.8
Subtotal	10,400		10,951		+ 5.3
Protection services	2,854	21.5	3,436	23.9	+20.4
Total	13,254	100.0	14,387	100.0	+ 8.6

*At March 31, 1980 and March 31, 1981

HEALTH SERVICES DIVISION

Provincial Board of Health

Community Health Services Branch

Community Social Services Branch

Communicable Disease Control
and Epidemiology Branch

Environmental Health Services

Alberta Aids to Daily Living

Administrative Services Branch

Vital Statistics Branch

Special Health Services

Day Care Branch

Statistics for 1980-81

HEALTH SERVICES DIVISION

DR. SHEILA M. DURKIN Deputy Minister

The objectives of the Health Services Division are to promote and protect health and social well-being, and to prevent, control and minimize disease, disability, and social breakdown.

In pursuing these objectives, the aim of the division is to enable all members of the community to maintain and improve their physical, social, emotional, and environmental well-being.

The division's mandate calls for it to deliver, either directly or indirectly, preventive health and social services, which include:

- the provision of financial assistance, consultative skills and leadership to local health authorities and local preventive social service programs;
- the establishment, in concert with local agencies, of minimum program standards; the implementation of these standards; and the use of these standards for evaluation purposes;
- the provision of treatment services for sufferers of sexually transmitted diseases and of tuberculosis;
- the provision of drugs and medical equipment and supplies for the immunization against and treatment of specific diseases and handicapping conditions;
- the collection of statistics on programs and the consequent evaluation of program effectiveness;
- the establishment, the modification where necessary, and the administration of public health and preventive social services legislation.

This work is undertaken and supported by the Provincial Board of Health and by these branches: Community Health Services, Community Social Services, Communicable Disease Control and Epidemiology, Environmental Health Services, Aids to Daily Living, Administrative Services, Vital Statistics, Special Health Services, and Day Care.

Reports follow on the activities of the board and of these branches during the 1980-81 fiscal year.

PROVINCIAL BOARD OF HEALTH

The mandate of the Provincial Board of Health as designated by the Public Health Act is to monitor and investigate matters pertaining to the health of Albertans.

During the fiscal year, the board continued to enquire into issues of topical significance in the environmental health field. Committees were organized to investigate the potential health hazards associated with commercial tanning establishments, saunas and steam-baths for the purpose of

establishing regulations for their operation. The board also examined the need to establish regulations governing the practice of hypnosis.

Amendments were filed to the regulations respecting fluid milk standards, communicable diseases, abattoirs, and general administration. New regulations were announced for the operation of institutions. An amendment is being considered to include man-made lakes in the regulations respecting commercial bathing places and man-made beaches. Work is progressing on new regulations respecting aquatic facilities.

Negotiations with Alberta Environment to clearly define jurisdictional boundaries with respect to waste management were in the final stages. A committee was established to revise existing waste management legislation in accordance with the results of these negotiations.

The board adjudicated eight appeals of decisions rendered by local boards of health, received 15 requests for waivers of regulations, and approved deviations from the standards for three semi-public swimming pools.

Approvals were issued for new refuse disposal sites, for new cemeteries, and for the construction of semi-public swimming pools.

COMMUNITY HEALTH SERVICES BRANCH

The Community Health Services Branch, through its various components, provides a broad range of services designed to help prevent illness and promote good health among children and adults. These services cover dental health, family planning, home care, lifestyle programs, nursing, nutrition, and speech pathology. They are delivered through 29 health units, which are administered by local health authorities. The branch funds these authorities, and also provides them with consulting, advisory and supportive services.

DENTAL HEALTH SERVICES

Dental Health Services provides consultative services to local health authorities, all of which have preventive dental programs; and works with municipalities to develop dental services in underserved areas.

The dental outreach program, instituted in 1979 to improve the distribution of dental services throughout the province, now uses ten mobile dental clinics as well as six sets of portable dental equipment. Three of the larger mobile units are routinely staffed

and operated by the Faculty of Dentistry, University of Alberta. All dental and dental hygiene students in the faculty are rotated through these units. Three practice starter units, each with three dental chairs, are available to towns which are seeking to attract private practitioners. The other dental units and equipment provide service to remote areas.

Dental Health Services presented a computer display at the Canadian Dental Association Convention. The display featured an overview of services and programs provided by Alberta Social Services and Community Health and by local health authorities in the province. The display included a detailed description of preventive dental services offered and the fluoridation status of each local health authority.

FAMILY PLANNING SERVICES

Family Planning Services is a team of specialists which provides consultation and assistance on program development, training and in-service opportunities, information and education, and in the medical aspects of family planning. The team acts as a co-ordination and communication link for local family planning programs and services.

Ongoing activities of Family Planning Services include: liaison with professional and voluntary associations; consultation with local health authorities; training programs for professionals; orientation of new family planning staff; publication of Communications, a quarterly journal; and the review, assessment, and development of audio-visual and print materials.

Highlights of work undertaken included:

- convening workshops for professionals on adult sexuality;
- providing an information display on responsible parenthood for use at provincial conferences;
- providing annual survey reporting forms to facilitate data collection on family planning, and fact sheets to provide immediate information on new developments;
- producing a program planning manual; a family planning resource manual, and a natural family planning brochure.

HOME CARE DIRECTORATE

The mandate of the Home Care Directorate is to facilitate the provision of co-ordinated home care services through local health authorities in accordance with current provincial legislation, policy, and standards.

This was the third year of operation for the Co-ordinated Home Care Program in Alberta. Consulting services of the Home Care Directorate serve the 26 local health authorities which have home care programs in place. In addition to providing consulting services, emphasis was placed on the redesign of the Home Care Information System. This project is intended to promote effective patient care, document that care, and provide accurate, statistical information for program management by local health

authorities and the department. The project will be ready for implementation early in 1982.

The Home Care Directorate and representatives from the Co-ordinated Home Care Program are working jointly to develop standards for the delivery of home care services in Alberta. This includes the development and implementation of standards for structures, for procedures, and for patient care.

The following table shows home care admissions, discharges and active cases for the 12 months of the reporting period.

Home Care Services

	Admissions	Discharges	Active Cases
1980			
April	1,119	864	4,819
May	837	831	4,788
June	937	807	4,883
July	955	779	5,064
August	758	747	5,021
September	939	807	5,145
October	1,045	919	5,433
November	958	856	5,427
December	987	796	5,613
1981			
January	1,153	943	5,878
February	938	865	5,832
March	1,127	936	6,151

Sixty-five per cent of the clients were aged 65 years or more. Chronic care clients accounted for 40 per cent of the caseload, acute care clients for 25 per cent, rehabilitation clients for 25 per cent, and palliative care clients for 10 per cent. The number of active cases increased in the 1980-81 fiscal year by 27.6 per cent over the previous year.

LIFESTYLE PROGRAMS

Lifestyle Programs encourage and assist local health authorities and other community organizations to develop and deliver effective health promotion programs; facilitate co-operation and liaison between health promotion programs and professionals in the province; and develop new program models and approaches which focus on the promotion of positive personal health practices and lifestyles.

Consultation and training is provided to local health authorities and other organizations on such topics as identification of community needs, availability and use of health education materials and resources, and health promotion program planning.

These major activities were undertaken during the reporting period:

- Completion of a plan for co-ordinated health promotion programming in the province;
- Establishment of a joint health promotion committee with local health authorities in order to facilitate co-operative planning;
- Sponsorship of workshops on school health education for local health authority personnel;

- Publication of the first issue of a newsletter promoting community health.

NURSING DIRECTORATE

The Nursing Directorate continued to provide consultation to local health authorities on community health nursing. With the appointment of a director, and the addition of three co-ordinators to fill vacancies, the Nursing Directorate was fully staffed. The Co-ordinator, Adult Health Programs, works out of an office in Calgary.

Project highlights during the reporting period included these activities.

- Standards for school health programs were completed in co-operation with nursing representatives from local health authorities.
- Research projects were initiated on geriatric and preschool community health nursing services.
- Quarterly meetings with local health authority supervisors were held to improve the planning of service delivery and communications.
- In-service education sessions for community health nurses and an annual workshop for nursing supervisors were held. At the workshop, PROSPECTION '80, participants outlined current community health nursing programs and determined specific activities that should be carried out in each program. This information helps develop program standards.
- The Alberta Computerized Nursing Activity Record System (ACNARS) was revised to include a sub-system for influenza vaccine surveillance. Other program areas such as Early Intervention, Hereditary Disease Identification, and Alberta Aids to Daily Living were able to gather information from ACNARS printouts. The first output for tuberculin screening was produced.
- Worsley, the only remaining municipal nursing station, was provided with an additional half-time nursing position. Worsley now has a staff of one and a half nursing positions for the provision of direct service to the community.

Statistical information on community health nursing is shown on pages 31 and 32.

NUTRITION SERVICES

Community health nutrition programs are designed to further the promotion of health and the prevention of disease. Provincial nutrition consultants assess community health nutrition needs on a provincial basis and plan, organize, direct, co-ordinate, and evaluate the nutrition component of community health services.

Unit activities include consultation with health and community professionals and agencies, the review of and input into nutrition research projects, and the review of the nutrition content of print and audio-visual materials.

The unit holds upgrading courses for dietary personnel, publishes a regular newsletter for health professionals, and liaises with the Nutrition Program

Unit of Welfare Canada. Nutrition Services represents Alberta Social Services and Community Health on the Federal-Provincial Subcommittee on Nutrition.

Special thrusts in the 1980-81 fiscal year included:

- Preparation and distribution of the manual, "A Guide to Infant Nutrition - The Rationale for Health Professionals", to community health professionals, physicians in general and family practice, pediatricians, maternity and pediatric wards of active treatment hospitals, and other interested individuals and organizations.
- Intensive in-service education seminars on infant feeding for health professionals throughout the province.
- Development of prenatal nutrition information sheets for refugees from Southeast Asia, written in Laotian, Vietnamese, and Chinese languages.
- In collaboration with community health nutritionists of local health authorities, preparation of "Community Health Nutrition Programs in Alberta - A Discussion Paper".
- Production of guidelines and a checklist for the Alberta Computerized Nursing Activity Records System. These were developed at the request of community health nurses.
- Planning of and participation in information sessions on community health nutrition for dietetic interns in Edmonton hospitals.
- Initiation, for distribution by local health authorities, of a nutrition newsletter for operators and personnel in day care centres.

SPEECH PATHOLOGY AND AUDIOLOGY PROGRAM

The early detection and correction of speech, language, and hearing handicaps in children and adults are the paramount aims of the Speech Pathology and Audiology Program.

During the reporting period, the number of speech pathologist positions was increased to 70, distributed among 23 local health authorities. The program's therapy caseload averaged 1,573 patients, of whom 49 per cent were children of preschool age, 45 per cent were children of school age, and six per cent were adults. During this reporting period, 2,094 patients were discharged.

Standard screening procedures for the identification of speech, language, and hearing handicaps in children between the ages of 4½ and 5½ years of age were implemented in approximately one half of the local health authorities. As a result of joint research conducted by several local health authorities and this program unit, a new screening test was implemented for children aged 4½ years to 5½. Use of the test, Measurement of Auditory and Communication Skills (MACS), will enable local health authorities to more accurately and effectively identify children with communication handicaps.

COMMUNITY SOCIAL SERVICES BRANCH

The Community Social Services Branch is responsible for delivering and supporting programs which alleviate and forestall the onset of social problems in communities throughout the province. Early in the fiscal year the branch consisted of four units: Preventive Social Services, Social Care Facilities Licensing, Day Care, and Parent Resource. In February 1981, the Day Care and Social Care Facilities Licensing units were merged and became a separate branch, the Day Care Branch. The Preventive Social Services Unit was renamed the Family and Community Support Services Unit.

FAMILY AND COMMUNITY SUPPORT SERVICES UNIT (FCSS)

The Family and Community Support Services Unit (FCSS) administers the FCSS program, which is a mechanism through which local people may develop services and perform activities to strengthen the family and community.

The program provides the funding mechanism for the province and the municipality to cost-share the development and provision of family and community support services which are preventive in nature and which promote and facilitate volunteerism and the use of community resources. A municipality may enter into an agreement with Alberta Social Services and Community Health to operate a local program. Indian bands, Metis settlements, and improvement districts can also participate.

The results of a review of the Preventive Social Services program were announced in February, 1981. Municipalities will continue to contribute 20 per cent of the budget to operate FCSS and the province will fund up to 80 per cent. Funds will be provided by the province in advance. The program will have two funding sources: municipal administration and planning services, and family and community services. Funding from municipal administration and planning services will be determined by using a per capita funding formula. Municipalities will have more authority to make decisions. The administrative requirements of the province will be made more efficient.

During the reporting period, 54 municipal-provincial agreements were in effect. Municipal programs served 82 per cent of the province's population. The province allocated \$11,832,210 to municipalities for local service projects and administration. This included a special one dollar per capita grant of \$1,712,063.

In October 1980, responsibility for the funding of After-School Care was transferred to Preventive Social Services from the provincial Family Subsidy Program.

Data on the distribution of the unit's services, on the estimated allocation of funds, and on volunteer activity, are shown on pages 33 and 34.

PARENT RESOURCE UNIT

The Parent Resource Unit provides assistance and support (1) to parents in order to enhance their parenting knowledge and skills, and (2) to communities and institutions to enable them to effectively meet the needs of families with young children.

The unit employs existing services in its program delivery, emphasizes the development of volunteers through leadership training, and makes use of the media whenever possible.

Grants are provided on a project basis to community groups for parent development activities such as resource centres, observation nurseries, conferences and workshops. Through its five regional offices, the unit provides consulting and programs to parent groups, health units, school districts, and family life education councils. The unit maintains close liaison with Alberta Education to encourage parent involvement in Early Childhood Services programs.

These major projects were undertaken during the year:

- Mother's Support program materials for leaders and parents were made available through the unit. This program assists new parents to alleviate isolation through the establishment of communication networks.
- Leadership and parenting training continued for volunteer leaders as well as for professionals. Guides for leaders and parents which focus on parenting were produced and are now available through participation in the leadership training.
- A manual for leaders of courses for adopting parents was produced.
- Information kits were compiled on topics of high interest including discipline, sexuality, hyperactivity, children, and death.
- The unit responded to 7,200 individual requests for information.

COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY BRANCH

The Communicable Disease Control and Epidemiology Branch has three functional units: Epidemiology and Disease Control, Social Hygiene Services, and Tuberculosis Services. The branch maintains surveillance of communicable and non-communicable disease activity within the province, and provides epidemiologic consultation to other branches within the Health Services Division.

The branch identifies health concerns, and develops, directs or monitors programs to prevent or control disease spread, mitigate the harmful effects of ill health and promote positive health.

Work during the year focussed primarily on the consolidation of branch activity. The influx of

refugees from Southeast Asia continued until the third quarter of 1980 and required considerable input from staff. Over 4,400 refugees arrived in Alberta in 1980. Although many of these people required special health care, few public health problems were encountered. The Social Hygiene Services unit was expanded and a pilot clinic in Fort McMurray became part of the unit's permanent program. The Tuberculosis Task Force reviewing Tuberculosis Services completed its report.

EPIDEMIOLOGY AND DISEASE CONTROL UNIT

The Epidemiology and Disease Control Unit monitors communicable diseases other than the sexually transmitted diseases and tuberculosis, and consults with health units, hospitals and private physicians on matters related to the control of infectious diseases. Under the communicable disease regulations, specified notifiable diseases are reported to local health authorities and by them to Communicable Disease Control.

These reports enable local health authorities, using guidelines established by the branch, to take appropriate action to identify the source of an infection and limit spread by isolation, contact tracing, early treatment, immunization or environmental control.

Data derived from these reports are incorporated into national statistics. These, in turn, are transmitted to the World Health Organization as part of an ongoing global surveillance of disease.

Notifiable Diseases: The table below presents the statistics for selected notifiable diseases in 1980 with comparative figures for 1979 and 1978.

Cases of Selected Notifiable Diseases

	1980	1979	1978
Diphtheria			
Cases	29	58	81
Carriers	56	29	75
Shigellosis	545	151	184
Salmonellosis	726	755	856
Hepatitis A	266	268	519
Hepatitis B	61	46	129
Measles	270	10,106	891
Meningitis Viral or Aseptic	22	45	1
Meningococcal Infections	36	38	56
Pertussis	110	188	56
Rubella	815	3,042	865
Mumps	1,720	1,018	653
Amoebiasis	102	16	—
Leprosy	2	2	—
Malaria	73	22	—

The most notable points in the table are the dramatic drop in the incidence of measles and rubella, and the increase in the incidence of amoebiasis, mumps and shigellosis.

Following a major epidemic in 1978-79, the incidence of measles dropped in 1980 to only 270 cases. This fall was the expected result of improved immunity resulting from an increased immunization

effort and from the natural immunity following disease. The decline in rubella incidence was not so dramatic, and the 815 cases indicated that susceptible women in childbearing years continued to have a significant risk of exposure during pregnancy.

The almost fourfold increase in incidence of shigellosis was the result of several community outbreaks, several of which could be traced to a major gathering of native people in the summer of 1980. Appropriate control measures were instituted in each outbreak, and the degree of spread was thereby limited. Some of the increase in incidence may also be attributed to better reporting of disease. The incidence of salmonellosis remained similar to that in 1979 and slightly below that in 1978.

There were dramatic increases in both amoebiasis and malaria. All cases of the latter were imported, as was a significant proportion of the former. The increase in the number of cases of these diseases reflects the influx of Southeast Asia refugees, as well as the increased recognition in Alberta of these "exotic" diseases. Another factor to be considered is the increase in travel by Albertans to parts of the world in which these diseases are more common.

Immunization: The branch continued to supply immunizing agents to local health authorities for the prevention of communicable diseases and to monitor the use of such agents.

The table on page 35 in the statistical section of this division's report shows the amounts of vaccine provided in 1980.

A review of immunization levels indicated an improvement of measles immunization levels to approximately 92 per cent by school entry. Corresponding levels for diphtheria and polio were 38 per cent and 91 per cent. Of eligible schoolgirls, 88 per cent received rubella vaccine.

The major change in immunization in 1980 was the introduction of adsorbed diphtheria, pertussis and tetanus products. This was due to the higher level of immunity provided by such agents.

The Advisory Committee on Immunization met twice in 1980 and issued statements regarding the use of adsorbed products, the use of cholera, typhus and plague vaccines for international travellers, and the provision of chemoprophylaxis for the prevention of meningococcal disease in contacts of cases.

Professional and Public Education: During November, which is annually Immunization Awareness Month, general immunization was promoted throughout the province. Local health authorities participated in the campaign; materials and interviews were provided for the broadcast media.

During the year, staff of the branch participated in the teaching of preventive medicine, epidemiology and communicable disease control in the departments of Medicine, Pediatrics and Community Health at the universities of Alberta and Calgary, and in the Faculty of Nursing at the University of Alberta.

SOCIAL HYGIENE SERVICES

The goal of Social Hygiene Services is to provide a comprehensive program for the control of sexually transmitted diseases. The unit provides diagnostic and treatment services through clinics in Calgary, Edmonton and Lethbridge. The unit also provides epidemiologic services, consultation to physicians, data monitoring, disease surveillance, and public and professional education.

Diseases: Surveillance is maintained for these notifiable diseases: gonorrhea, syphilis, lymphogranuloma venereum, granuloma inguinale and chancroid.

The number of cases of and incidence rate for gonorrhea continued to rise in 1980. While the cases of reported confirmed gonorrhea rose by 6.7 per cent over 1979, the incidence rate of 547.8 per 100,000 population was only 3.4 per cent higher. The fact that Alberta records the highest incidence rates in Canada is the result of a combination of factors including efficient recording mechanisms, a proportionally larger number of individuals considered at high risk, and a buoyant economic climate with attendant population movement.

Although a small increase in the number of syphilis cases was counted in 1980, the incidence rate was unchanged from previous years. The proportion of cases shifted for each of the stages of the disease. Late latent cases now comprise one half of the total; cases diagnosed in the infectious stages declined by 10 per cent from 1979.

Two cases of lymphogranuloma venereum were diagnosed. An uncommon disease for this region, both were infections acquired in endemic areas of the world but diagnosed and treated in Alberta.

Continued surveillance for penicillinase-producing strains of *Neisseria gonorrhoeae* resulted in the identification and reporting of ten cases. With one exception, all were traced to contacts in Southeast Asia. The remaining case was acquired in the new endemic focus of Los Angeles.

Although not notifiable diseases, non-gonococcal urethritis and herpes genitalis continue to be diseases of concern for both Social Hygiene Services and the Alberta health care community. Their incidence and prevalence is increasing even though provincial data monitoring is not maintained for these diseases.

Data on the incidence of gonorrhea and syphilis are shown on page 35 in the statistical section at the end of this division's report.

Programs: As the number of clients using clinic services increased, additional nursing staff for the Calgary and Edmonton clinics was hired. Also, in late 1980 the Calgary and Edmonton clinics extended their hours of operation to include Tuesday evenings. This was done to make the clinics more accessible to clients, and will be evaluated after six months.

Recent media attention with regard to herpes

genitalis stimulated a large public response. In order to provide the public with accurate, realistic information about this condition the education office developed and distributed a pamphlet entitled "Herpes II".

After operating as a pilot project for one year, a clinic in Fort McMurray for the diagnosis and treatment of sexually transmitted diseases was evaluated and will continue in being as a permanent component in the Social Hygiene Services unit. The clinic operates through the auspices of the Fort McMurray Health Unit.

TUBERCULOSIS SERVICES

In 1980, 390 patients were suspected of having active tuberculosis and were started on anti-tuberculosis treatment. Of these, 249 were proven cases of new active tuberculosis; the other 141 either had a mycobacterial infection other than tuberculosis (atypical) or a non-tuberculosis disease. Another 10 cases showed reactivation of tuberculosis, giving a total of 259 cases of active tuberculosis in the province, an increase of 28 cases from the previous year. Of this total, 43 (16.6 per cent) were registered Indians and 11 were refugees from Southeast Asia. Registered Indians showed almost a 50 per cent decline in the active case rate from the previous year.

During the 1976-79 four-year period, the southern section of the province had approximately one third or even fewer cases of tuberculosis than the northern part of the province. In 1980, for some yet unexplained reason, the number of active cases in the south increased. This mainly occurred in the rural south where the number of new active cases tripled, from 11 in 1979 to 33 in 1980.

Several of the newly diagnosed cases involved the investigation of a large number of contacts. This caused a 53 per cent increase of new visits, and a 34 per cent increase of review visits to tuberculosis clinics in Calgary and Edmonton. The large number of contact cases, and the influx of refugees from Southeast Asia, led to an increase in the number of individuals established on preventive treatment, from 1,477 in 1979 to 1,837 in 1980. During the year, services to the refugees were improved by organizing special clinics for them in both Calgary and Edmonton.

Anti-tuberculosis medication was introduced in Alberta in 1950. In that year, 512 new cases were diagnosed at the rate of 56 per 100,000 population, registered Indians excluded. In 1980, the 249 new active cases represented a rate of 12 per 100,000 population, a fivefold reduction from 1950.

Tuberculosis among registered Indians is still significantly higher than among the rest of the province's population. In 1970, the rate among registered Indians was 283 per 100,000 population; in 1980, the rate was 93 per 100,000.

Data on the incidence of tuberculosis are shown on page 36 in the statistical section at the end of this division's report.

ENVIRONMENTAL HEALTH SERVICES

Education: A public campaign was initiated prior to Thanksgiving which was designed to inform individuals on how to avoid salmonella food poisoning related to the consumption of poultry. Informational brochures were distributed to 250,000 households in Alberta.

The Environmental Health Observer, a newsletter published by Environmental Health Services, was widely distributed to health agencies. The publication addressed issues that had become major concerns among practitioners in the field.

A major educational seminar was presented to public health inspectors in the province on environmental health law and investigative procedures.

Technical: A comprehensive advisory service was offered through selected local health authorities for homeowners who had insulated their houses with urea formaldehyde foam. More than 600 requests for advice were received from homeowners. The information and knowledge gained from this service formed a major portion of the federal health effects inventory, co-ordinated on a national scale.

Following negotiations with Alberta Environment, responsibilities for health matters pertaining to solid waste and hazardous waste management were resolved. The negotiations clarified roles and provided a much clearer understanding of the government's responsibilities in these areas.

The department completed contract negotiations with the Canadian Public Health Association and will conduct an environmental health investigation into complaints by Pincher Creek area residents concerning gas plant operations. The Canadian Public Health Association provided the department with an evaluation of previous studies and recommendations on future monitoring programs.

Administration: A manpower planning formula for use by local health authorities was developed. This undertaking was in response to a recommendation in the Task Force Report on Health Inspection Standards in Alberta.

Environmental Health Services is the secretariat to the Provincial Board of Health, and provides the board with environmental health expertise. In this role, Environmental Health Services initiated major reviews and revisions to 16 of the 30 sets of Provincial Board of Health regulations. The intent is to keep regulations current with developing technology.

ALBERTA AIDS TO DAILY LIVING

The reporting period was the first full year of operation for the Alberta Aids to Daily Living (AADL)

program. The program enables clients to obtain various types of equipment for use in daily living, when prescribed by authorized professional personnel. This equipment includes wheelchairs, walking aids, environmental aids, home oxygen equipment, custom-fitted prosthetics and orthotics, and various medical-surgical products.

During the first year of the program's operation, 86,000 claims were paid on behalf of 55,000 individuals at a cost of approximately \$5 million.

Eighteen workshops were held throughout the province to enable professional health unit and hospital personnel to become authorized AADL prescribers.

The first AADL newsletter was published in July 1980 to keep prescribers informed of AADL benefits. A Provincial Advisory Committee was appointed in August 1980.

The Extended Health Benefits (EHB) program is similar to the AADL program. During the 1980-81 fiscal year, funds expended under the EHB program totalled approximately \$8.5 million.

ADMINISTRATIVE SERVICES BRANCH

The branch responded to growing demands placed on services provided by the local health authorities across the province by completing and upgrading a number of health unit facilities. In the latter part of the year, four health units amalgamated into two as part of the branch's plan to facilitate better and more efficient services to rural communities. This reduced the number of health units in the province from 29 to 27.

The total grants to local health authorities increased by 25.8 per cent, while the division's budget increased by 22.9 per cent over the previous year.

VITAL STATISTICS BRANCH

Registration of vital events for 1980 were:

Births	39,694 (+6.6 % over 1979)
Deaths	12,822 (+5.4 % over 1979)
Marriages	20,829 (+10.4 % over 1979)

Data are collected by district registrars in 130 locations throughout the province.

The branch issued 178,565 birth, death, and marriage certificates.

The branch licensed 3,532 clergymen and 90 marriage commissioners. Of the marriages performed, 30 per cent were civil ceremonies.

The computerized data system of recording vital events is being expanded to include selected health records. This will aid local health authorities and other responsible agencies to obtain necessary health-related information.

SPECIAL HEALTH SERVICES

The administration of professional boards and the certification, examination and registration functions which were the responsibility of Special Health Services were transferred to the newly established Health and Social Services Professions and Occupations. The Health Occupations Act was proclaimed in the fall of 1981. This Act will also be administered by Health and Social Services Professions and Occupations.

Special Health Services includes a staff medical officer position which provides support to Community Health Services in a variety of medical-related areas such as immigration, the recruitment and training of medical officers of health, and community health program development.

Special Health Services also provides consultation to all departmental programs in which maternal and child health issues are raised. Pediatric consultation and liaison is also provided to provincial health care agencies such as local health authorities and the Alberta Medical Association.

Activities undertaken during the reporting period included these projects:

- Completion of a pilot study and initiation of a one-year prospective study to determine the usefulness of a parent-owned child health record.
- Preparation of a statistical account of death and hospitalization due to accidents among children and youths in Alberta during the past five years.
- Compilation of a listing of accident-prevention programs in Alberta.
- Development of a proposal for a unified central drug and poison information service.
- Development of a proposal for the prevention of poisoning among children of preschool age.
- Organization of a multi-professional symposium to develop interest in the primary prevention of handicaps.

DAY CARE BRANCH

The Social Care Facilities Licensing Unit and the Day Care Unit were amalgamated in February 1981 to form the Day Care Branch.

The objective of licensing staff is to ensure adequate care for children and adults through a process of monitoring and licensing. Nursery schools, licensed family day homes, day care centres, licensed foster homes, residential treatment centres, and adult homes for special care are among the facilities monitored and licensed.

Day care co-ordinators provide information and assistance to individuals and organizations interested in establishing day care centres, nursery schools, and satellite family day home projects. Program consultation, resource development and support materials are provided to existing services.

Changes to the day care regulations were announced in September 1980 related to improved staff, child and space, and child ratios. The Day Care Operating Allowance Program came into effect at the same time. Operating allowance is available to licensed day care facilities which implement the regulations on improved staff, child and space, and child ratios prior to the mandatory compliance date of August 1, 1982.

The Family Day Home Administrative Fee Program was also announced during the reporting period. This program provides a fee of \$40 per month, per child, to day care centres and sponsoring agencies operating approved satellite family day home systems. Family day homes are private residences where day care is provided to three or fewer children of preschool age.

The provincial Day Care Advisory Committee was established to advise the Minister on issues related to day care. The committee examines the training and qualifications of staff for day care centres.

Data on the licensing of social care facilities are shown on page 37 at the end of this division's report.

Health Services—Statistics for 1980-81

COMMUNITY HEALTH NURSING

All community health nursing programs provide health education to groups, individual counselling, screening and health assessments, communicable disease control (which includes immunization and the tuberculosis control program). Emphasis has traditionally been on maternal and child health. A recent development has been the geriatric surveillance program. Adult health programs, other than prenatal education classes (which are common to all), are being developed. Occupational health programs have been limited to two pilot projects.

The activities take place primarily in the health units' offices, in homes and in schools. The majority of nurses are generalists, each has an assigned geographic area within which she provides all nursing services.

There are six major community health nursing programs, identified by the age of the target population.

- Infant - from birth up to one year
- Early preschool - from one year up to 4.4 years
- Late preschool - from 4.5 years up to entry to Grade One

- School - children of school age (from 6 years to approximately 18)
- Adult - from school leaving up to 65 years (including maternal health programs).
- Geriatric - from 65 years upwards

Table 1
Program Delivery by Age Groups

Table 1 provides information on program delivery to different age groups.

Figures 1 and 2
Service Delivery by Hours and Population

Figure 1 shows the percentage of time spent in service delivery to each age group. Figure 2 shows the percentage of the population in the same age groups. The traditional emphasis on child health programs is apparent. Because maternal health program time is included in adult programs, the traditional emphasis on this program is not demonstrated in these figures.

Table 1
Program Delivery by Age Groups

Age Group	Hours of Group Health Education ¹	Percentage of all Health Education	Number of Individual Counselling ² (sessions)	Percentage of all counselling	Number of Screenings and Health Assessments	Percentage of all Screenings and Health Assessments
Infant	—	—	99,895	31.3	120,214	20.1
Preschool	1,240	4.7	40,271	12.6	146,116	24.4
School	8,180	31.2	65,793	20.6	252,027	42.1
Adult	15,991 ³	61.0	83,482	26.2	27,023	4.5
Geriatric	815	3.1	29,450	9.3	52,866	8.9
Total	26,226	100.0	318,891	100.0	598,246	100.0

1. Number of hours spent teaching. Planning hours are not included in this table.

2. Number of individual contacts where counselling on a specific health topic was given. Recording is to age of person counselled, or to age of person for whose benefit the counselling was given. For example, counselling to parents on their infant's health is recorded to infant, not adult. Counselling given in conjunction with other activities (screenings, health assessments, immunization) is not recorded.

3. Prenatal classes account for 62.9 per cent of all adult health education.

Figure 1
Service Delivery by Hours

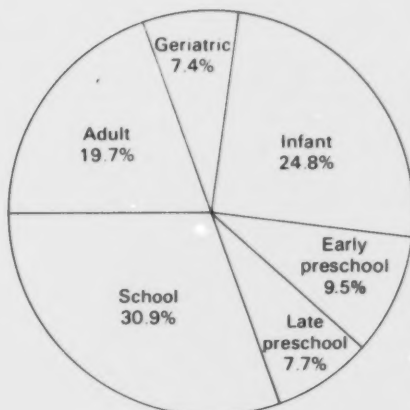
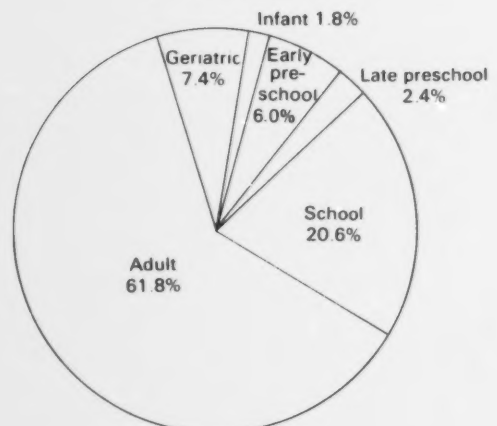


Figure 2
Service Delivery by Population



Health Services — Statistics for 1980-81

COMMUNITY HEALTH NURSING

The Alberta immunization schedule recommends that each child receive four doses of DPT and polio by 18 months of age, with additional boosters at school entry and at Grade 9. The schedule recommends all children receive measles vaccine at one year, and that girls receive rubella vaccine in Grade 6.

primary series against diphtheria, pertussis, tetanus (DPT) and poliomyelitis. For administrative purposes, only the third dose of DPT polio is used in calculating rates. Measles and rubella vaccine are given only once; every dose given, therefore, constitutes a complete series.

The average preschool immunization coverage achieved in Alberta in 1980 was 90.1 per cent, which represents a considerable improvement over the 82.6 per cent attained in 1979. The improved coverage rates noted during 1980 can largely be attributed to better DPT coverage of infants (0-1 year).

Table 2

Coverage Rates and Vaccination Totals

Table 2 shows the coverage rates and vaccination totals for 1980. Coverage rates are estimated on the basis of completed

Table 2
Coverage Rates and Vaccination Totals
1980

	Age				Total
	0-1	1-2	2-6	School	
Diphtheria					
Completed series	30,869	3,034	1,784		35,867
Coverage rates	76.0%	7.9%	5.1%		89.2%
Total doses given	102,208	26,104	26,074	44,945	199,331
Pertussis					
Completed series	30,750	2,981	1,681		35,412
Coverage rates	75.9%	7.7%	4.8%		88.4%
Total doses given	101,624	25,883	22,831	2,791	132,344
Tetanus					
Completed series	30,901	3,035	1,790		35,726
Coverage rates	76.3%	7.9%	5.1%		89.3%
Total doses given	101,901	26,109	25,922	45,606	178,753
Poliomyelitis					
Completed series	30,484	3,602	3,650		37,736
Coverage rates	75.3%	9.3%	10.4%		95.0%
Total doses given	101,466	23,405	27,208	48,497	200,576
Measles					
Completed series		29,299	3,623		32,922
Coverage rates		77.7%	10.3%		88.0%
Total doses given		29,299	3,623	21,144	54,066
Rubella					
Completed series				14,832	14,832
Coverage rates				88.5%	88.5%
Total doses given		269	47	14,832	15,148

Health Services — Statistics for 1980-81

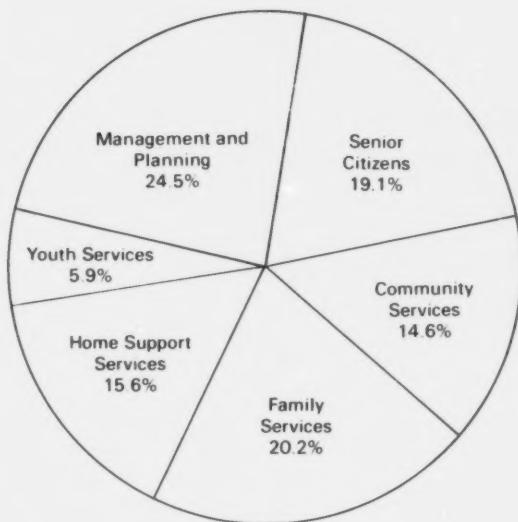
FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS)

Figure 3
Allocation of Funds

Figure 3 shows the distribution of the allocation of funds by type of program. Allocations refer to the money designated for FCSS projects at the beginning of the year.

Figure 3

Estimated Allocations by Program Area



Program Area

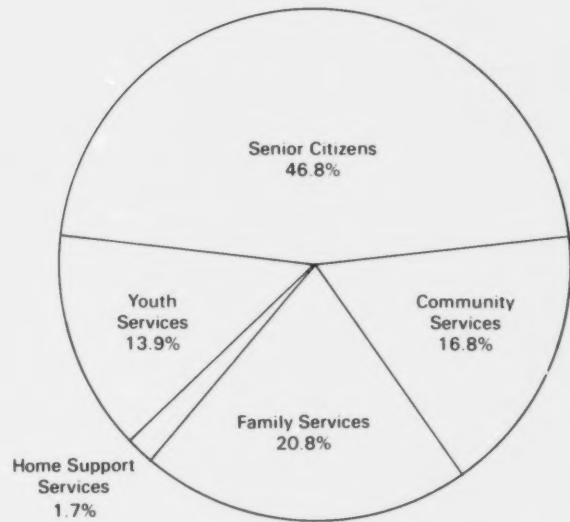
Senior Citizens	\$1,937,420
Community Services	1,481,520
Family Services	2,045,240
Home Support Services	1,575,930
Youth Services	596,420
Management and Planning	2,483,620

Figure 4
Volunteer Activity

Figure 4 shows the distribution of estimated volunteer hours among the various program areas for cost-sharing projects. Senior citizens programs had the largest volunteer input in number of hours, and home support services the smallest. The total number of volunteer hours for funded projects in 1980-81 was over 880,000. In addition to volunteer involvement in funded projects, many more hours of volunteer time are contributed through non-funded projects.

Figure 4

Percentage Distribution of Estimated Volunteer Hours in Funded Projects by Program Area



Health Services — Statistics for 1980-81

FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS)

Table 3
Distribution of Service Users

Table 3 indicates the types of services operated through FCSS programs, and the estimated number of users for each type of service. Approximately 146,000 individuals used FCSS services in 1980-81.

Table 3

Distribution of Estimated Number of Users, By Type of Service

Type of Service	Number of Users	Number of Contacts
Community Services		
Information services		234,250
Volunteer development		1,875
Community centres	6,920	
Decentralized social services	29,695	
Other community services	8,950	
	45,565	
Family Services		
Family life education	11,005	
Counselling	7,795	
Parent-child development	4,840	
Mother's Day Out	4,930	
	28,570	
Home Support Services		
Homemaker	9,150	
Homehelp/handyman	14,110	
Meals-on-Wheels	2,890	
Visiting, shopping, family aide	3,000	
	29,150	
Senior Citizen's Services		
Social and recreational	8,720	
Multifunctional centres	17,710	
Co-ordinators	2,385	
Outreach	2,405	
	31,220	
Youth Services		
Outreach	1,610	
Youth workers	3,830	
Youth centres	2,560	
Alternate school program	2,520	
	10,520	
Total	145,025	236,125

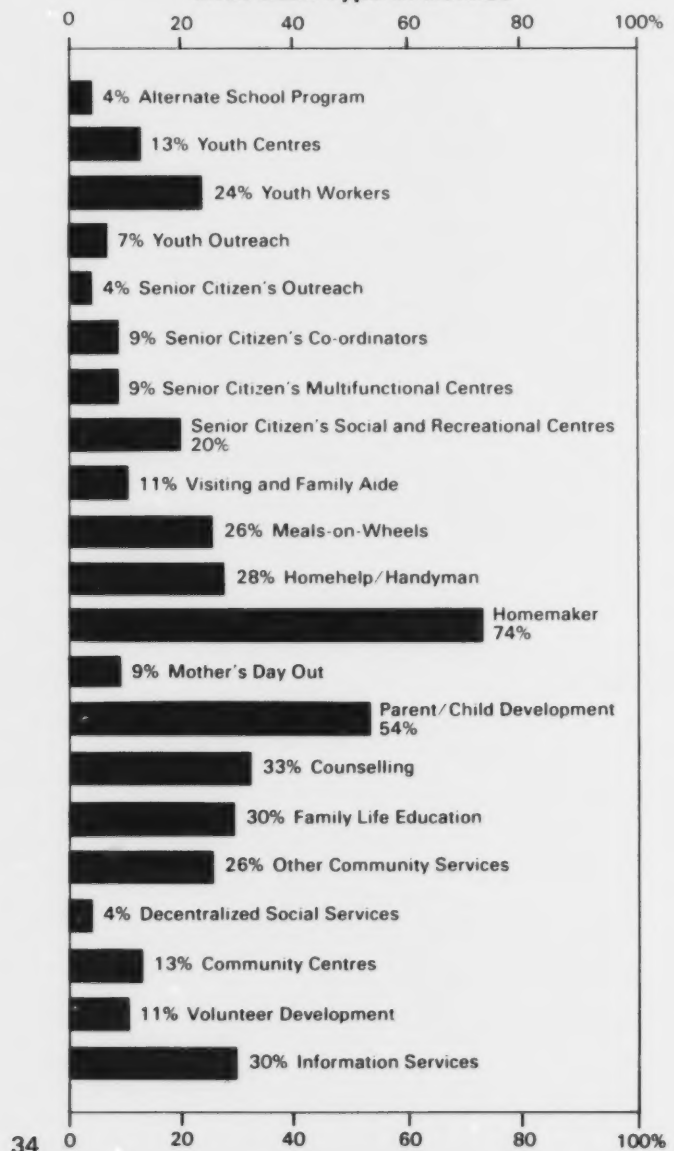
Figure 5

FCSS Funded Service-Proportion of FCSS Programs with Each Type of Service

Table 3 indicates the number of users for each type of service operated through FCSS programs. Figure 5 illustrates the proportion (per cent) of the 54 FCSS municipal programs which provided each of these services in 1980-81. The most widely spread was homemaker services, in operation in 74 per cent of all municipal programs. Parent-child development services were provided in 54 per cent of all municipal programs. The least common service provided was decentralized social services, which is specific to the larger cities in the province.

Figure 5

FCSS Funded Services: Proportion of FCSS Programs with Each Type of Service



Health Services — Statistics for 1980-81

COMMUNICABLE DISEASE CONTROL

Table 4
Immunizing Agents Distributed in Alberta in 1980

	Units		
Diphtheria Antitoxin	27	Polio Virus Vaccine, Live, Oral (Sabin) (Trivalent) (Doses)	27,833
Diphtheria Toxin for Schick Test	1,718	Poliomyelitis Vaccine Inactivated (Salk) (Trivalent) (Doses)	3,382
Diphtheria Toxoid	1,535	Rabies Immune Globulin (Human) (vials)	20
Diphtheria Toxoid, Pertussis Vaccine and Tetanus Toxoid (combined)	18,632	Rabies Vaccine, inactivated (Duck Embryo) restricted to persons exposed to suspect rapid animal (Vials) (1 course-24 vials)	759
Diphtheria, Pertussis and Tetanus and Poliomyelitis Vaccine (combined)	1,265	Rabies Vaccine (Tissue Culture Origin) Pre-exposure immunization	2,424
Diphtheria Toxoid and Tetanus Toxoid (combined)	10,293	Immune Serum Globulin (Human)	932
Measles Virus Vaccine, live attenuated (more attenuated Enders Line) (doses)	42,450	Tetanus Immune Globulin (Human) (Vials)	25,300
Pertussis Vaccine	57	Rubella Virus Vaccine, live, attenuated (HPV 77 (D E 5)) (doses)	41,000
Tetanus Toxoid	31,627	Influenza Vaccine (Trivalent)	210,901
Typhoid Vaccine	1,430		
Typhoid Paratyphoid and Tetanus Toxoid (combined) (TABT)	217		

Table 5
Disease Incidence for 1980
Expressed as a Rate per 1,000 Population

Gonorrhea

Sex	Age							Total
	15	15-19	20-24	25-29	30-39	40-59	60+	
Male	4.4	993.3	2,181.9	1,425.0	753.8	232.4	46.5	658.3
Female	28.8	1,558.4	1,476.4	645.6	234.2	38.8	7.6	433.1
Combined	16.3	1,269.1	1,836.1	1,052.7	505.2	137.3	26.0	547.8

Syphilis

Male	—	3.8	20.6	21.7	18.3	16.7	13.3	12.2
Female	0.4	—	6.2	9.5	10.3	6.3	5.1	5.0
Combined	0.2	2.0	13.6	15.8	14.5	11.6	9.0	8.6

Health Services — Statistics for 1980-81

COMMUNICABLE DISEASE CONTROL

Table 6

Incidence of Tuberculosis in 1980¹

	New Active	Reactivated	Total	Percentage
South	33	1	34	13.1
Calgary	53 (1)	1	54	20.8
North	47	5	52	20.1
Edmonton	76 (5)	0	76	29.4
Registered Indians	40	3	43	16.6
Total	249²	10	259	100.0

¹Figures in brackets indicate Treaty Indians living off the reserves and are not included in the total number of the municipality

²Eleven of the 249 cases were among Southeast Asia refugees

Table 7

Comparative Tuberculosis Statistics, 1976-1980

	1976				1977				1978				1979				1980			
	N	R	T	%	N	R	T	%	N	R	T	%	N	R	T	%	N	R	T	%
South	11	0	11	4.7	18	4	22	7.8	12	1	13	5.3	11	3	14	6.1	33	1	34	13.1
Calgary	40	4	44	18.9	37	8	35	16.1	48	4	52	21.1	36	5	41	17.7	53	1	54	20.8
North	51	3	54	23.2	74	8	82	29.3	54	5	59	24.1	37	4	41	17.7	47	5	52	20.1
Edmonton	56	11	67	28.7	58	8	66	23.6	60	7	67	27.3	50	7	57	24.7	76	0	76	29.4
Registered Indians	51	6	57	24.5	52	13	65	23.2	53	1	54	22.1	72	6	78	33.8	40	3	43	16.6
	209	24	233	100.0	239	41	280	100.0	227	18	245	100.0	206	25	231	100.0	249	10	259	100.0

N: New; R: Reactivated; T: Total

Health Services — Statistics for 1980-81

DAY CARE BRANCH SOCIAL CARE FACILITIES LICENSING

Facilities licensed under the Social Care Facilities Licensing Act provide substitute care for children, with the exception of homes for special care, which are specialized residences for dependent adults. The purpose of the licensing procedure is to ensure the provision of adequate care to children and dependent adults. The types of facilities covered by the act are nursery schools, family day homes, day care centres, foster homes, children's residences and homes for special care.

Table 8
Changes in Number of Spaces

Table 8 shows the number of provincially licensed spaces for children and dependent adults in different types of facilities. The total number of licensed spaces for children in Day Care Centres and Family Day Homes as of March 31, 1981 was 17,900. This is a

15.6 per cent increase from the number of spaces in such facilities at the end of the 1979-80 fiscal year.

The licensed spaces in the nursery schools at March 31, 1981 were 7,570. This is 18.4 per cent more than in the previous year.

On March 31, 1981, there were 715 spaces in licensed foster homes and 2,310 spaces in children's institutions. The number of spaces in children's institutions at March 31, 1981 shows a significant decline of 46.4 per cent below the previous fiscal year-end figures due to the transfer of Michener Centre from this licensing category to that of homes for special care. As a result of this transfer, the licensed spaces for dependent adults in homes for special care increased by 28.9 per cent, from 3,357 to 4,327 spaces.

Table 8
Changes in the Number of Spaces in Licensed Facilities

Type of facility	March 31, 1980		March 31, 1981		% change in spaces 1980-81
	Spaces	Facilities	Spaces	Facilities	
Day care centres and family day homes	15,486	443	17,900	501	+15.6%
Nursery schools	6,392	295	7,570	314	+18.4
Licensed foster homes	619	126	715	139	+15.5
Children's institutions	4,313	142	2,310	148	-46.4
Homes for special care	3,357	101	4,327	118	+28.9

MENTAL HEALTH SERVICES DIVISION

Regional Clinics

Institutions

Statistics for 1980-81

MENTAL HEALTH SERVICES DIVISION

JOHN D. FORRESTER Assistant Deputy Minister

The Mental Health Services Division provides free professional help throughout the province. Its services are delivered through regional clinics located in Calgary, Edmonton, Grande Prairie, Lethbridge, Medicine Hat and Red Deer; and through five institutions: Alberta Hospital Edmonton, Alberta Hospital Ponoka, Claresholm Care Centre, Raymond Home, and Rosehaven Care Centre.

The reporting period for these regional clinics and the institutions is the calendar year.

In addition to the individual reports which follow from the regional clinics and the institutions, a series of statistical tables is shown on pages 43 through 46 at the end of this division's report.

REGIONAL CLINICS

CALGARY

The year was largely a holding operation in preparation for the decentralization of departmental services, scheduled for 1981.

Urban and rural geographical teams continued to provide services for a full range of mental disorders to clients in all age groups. These teams also provided their communities with consultation service and public information material. At the same time, a geriatric program began with the establishment of a weekly clinic by a core team, and the appointment of geriatric specialists to each of the other teams in the region.

The clinic's consultation program to the Social Services district offices was increased substantially. Each office now receives the services of one of the clinic's professional staff for approximately one day a week.

Special consultations with the Child Welfare units were increased. A more efficient screening and communication system was established to provide more effective treatment, and to reduce the need for referrals to private psychologists. Liaison with the Children's Hospital and with child psychiatrists was maintained. Consultation was provided on request for public health units, some residential centres, and other agencies.

The number of Approved Home beds increased and there was increased emphasis on the training of operators. Co-operation with community agencies increased, and special efforts were made to improve liaison with Alberta Hospital Ponoka and with the psychiatric services in general hospitals.

To maintain standards and audit procedures, guidelines and mechanisms were developed which placed greater emphasis on the monitoring of quality care.

EDMONTON

The Edmonton Region is organized into four multi-disciplinary mental health teams, each covering a different geographic area. One of the teams offers a rehabilitation and special services program. The region also has a special psychogeriatric program and an adolescent group program.

Within the region, rural services were considerably expanded. There are two large rural clinics. One of these, at St. Paul, is semi-autonomous, and separately accredited by the Canadian Council on Hospital Accreditation. The other is located in Fort McMurray. There is now full-time resident staff in 14 satellite offices or clinics, and travelling psychiatric clinics are provided in 12 communities.

The Edmonton clinic incorporates a number of special services, including a home economist, an occupational therapist and an Approved Home program.

Through grants, the Edmonton Region funds several Edmonton agencies providing residential and rehabilitation services to mentally ill adults. During the year, two proposals for funded projects to provide sheltered accommodation were developed.

The region's complement of psychiatrists was increased by two, and several more sessional psychiatrists were obtained.

A study undertaken on Quality of Care had a significant impact. Its recommendations have led to the development of better policies and procedures for clinical supervision, orientation, and ongoing internal programs.

GRANDE PRAIRIE

During the reporting period, the Grande Prairie clinic placed particular emphasis on the treatment of the mentally ill. Staff development meetings focussed on the treatment of psychotic illness and the rehabilitation of clients.

A survey to identify psychogeriatric needs was undertaken in order to establish a psychogeriatric services program.

A more efficient audit procedure was implemented. This derived from the Quality of Care study and extended into team meetings and local staff training. More effective co-ordination of programs was achieved through more specific job descriptions.

Administratively, Grande Cache was transferred to the Edmonton Region. In this transfer, the research position was moved to Central Office and services previously undertaken by a Valleyview resident worker are now delivered from Grande Prairie and High Prairie. In September 1980, the clinic received a three-year accreditation by the Canadian Council on Hospital Accreditation.

LETHBRIDGE

Demand for adult services continued to increase, with 25 per cent more referrals from physicians. Demand for services to adolescents and children also increased.

The clinic continued to provide services to other agencies within the department and to the Lethbridge Municipal Hospital.

The Canadian Mental Health Association (CMHA) and the Southern Alberta Self Help Association (SASHA) continued to be funded through grants. CMHA operates a four-bed group home, runs an outreach program, and contracts a life skills program once a year. SASHA has a 10-bed group home, and is developing a proposal for a second group home.

Other accomplishments included:

- Recruitment of another psychiatrist for approximately 50 hours per month;
- Re-introduction of evening clinics;
- Introduction of a new program utilizing biofeedback equipment;
- Accreditation by the Canadian Council on Hospital Accreditation for a two-year period.

MEDICINE HAT

The clinic offers a full range of outpatient programs to the people of the Medicine Hat region. Psychiatrists services were made available, on a visiting basis, from Edmonton. Attempts to recruit a qualified psychiatrist to the region continued. A psychiatrist from the Lethbridge clinic provided specialist services two days a month to children in the Brooks area.

The clinic has a sub-office in Brooks. One staff member from the clinic travels one day each week to Bassano, where a clinic is held each Thursday in the Bassano Hospital. The community nurse travels from the clinic to Brooks every second week, and to Foremost every second week. A social worker travels to Bow Island every second week to hold a clinic at the Bow Island Hospital. Staff travel to other parts of the region as required.

Members of the clinic staff represented Alberta Mental Health Services on several committees and groups in the community.

In August 1980, a contract for psychology services with the school consortium, comprising all but two of the school jurisdictions, was terminated as planned. The schools now have funds to hire their own staff psychologists.

RED DEER

To more fully serve the very young and the elderly, service co-ordinators for children and geriatrics were appointed from existing senior staff.

Difficulties in recruiting resulted in the loss of over a quarter of the complement of therapist man-years. Existing staff worked to maintain services.

In June 1980, a new community clinic for Ponoka was opened, with offices and therapy rooms for four

professionals and one clerical staff. Clinic space was also made available in Innisfail for an area-based worker. The community program is currently active in Camrose, Lacombe, Ponoka, Red Deer, and Stettler.

During the reporting period, the Residential Care program was largely concerned with the acquisition of facilities. Two group homes, each with a capacity for six residents, are in the process of being established. One home is in Ponoka, and the other in Red Deer. Six additional bed spaces were acquired in the Approved Home program. A functional plan was initiated for a children's treatment facility to be located in Red Deer. Negotiations are under way with the Canadian Mental Health Association regarding the operation of a combination activity centre/crisis bed centre.

The clinic's offices were moved from the Red Deer Regional Hospital complex to the second floor of the new Provincial Building.

INSTITUTIONS

ALBERTA HOSPITAL EDMONTON

Alberta Hospital Edmonton is a 622-bed active treatment psychiatric hospital, providing inpatient care and treatment for the mentally ill. Where appropriate, the aim of its programs is to return patients to the community. When this is not feasible, the hospital's programs aim at enhancing or preserving the self-sufficiency of patients.

The hospital primarily serves residents from the northern half of Alberta and the Northwest Territories. The forensic psychiatry program serves all residents of Alberta, the Northwest Territories and the Yukon Territory.

The hospital's programs are divided into four major services: Admissions (127 beds); Psychogeriatric (238 beds); Rehabilitation (173 beds); and Forensic Psychiatry (84 beds). The Admissions Service provides assessment and treatment programs for patients during the acute phase of illness. The Psychogeriatric Service provides programs for patients 65 years of age and older. A significant number of these patients are waiting for placement in auxiliary hospitals or nursing homes. The Rehabilitation Service provides treatment programs for patients requiring intensive psychiatric rehabilitation. The Forensic Service provides care for individuals referred from judicial and penal agencies.

Because of recruitment overseas, staffing patterns improved considerably, particularly in nursing and medicine.

The nursing department emphasized the establishment of a Patient Classification System and a Quality Assurance Program for psychiatric care.

The medical technology department's facilities and services will be greatly enhanced by the approval of a CT Scanner. This will result in improved care for patients in psychiatric diagnosis and therapeutic planning.

A significant portion of the hospital's resources and efforts continued to be directed toward the development of a number of planning, construction and renovation projects. Major renovations to the food services facility were completed, resulting in improved food quality and production as well as improved dining facilities for staff. Work was completed on construction of a new above-ground enclosed corridor link, and a new fire hall facility. New laundry equipment was installed.

The first two phases of the new centralized Material Management System for the hospital were completed: first, construction was completed on a building for the storage and handling of large and bulky items; second, the functional program of the Material Management Study was finalized.

A detailed assessment of the Rehabilitation Service was completed. A therapeutic program for this service was finalized and submitted for approval. Work on the new forensic facility continued: structural and exterior work was completed, and a start made on interior finishing.

The hospital participated in the planning of the department's regionalization program. Particular consideration was given to the transition to a board-run hospital.

ALBERTA HOSPITAL PONOKA

Alberta Hospital Ponoka's prime objective is to provide programs which effectively and economically treat and rehabilitate patients so that they can return to their own communities. Longer-term care is provided for people who cannot be placed in the community.

The hospital serves a population of over one million, to those south of V. 'etaskiwin.

The hospital's programs are divided into three major services: Active Treatment (76 beds); Long-term Rehabilitation (174 beds); and the Geriatric Program (199 beds). Twelve beds in the Active Treatment area are reserved for the in-residence alcoholic treatment program.

Active Treatment services provide assessment and treatment programs for patients during the acute phase of illness.

In the Geriatric Program, considerable emphasis is placed on preparing patients for transfer to other facilities such as nursing homes. In addition to medical and therapy services, the program includes social activities such as outside trips, family days and picnics. During the reporting period, one unit participated in an overnight camping trip.

Long-term Rehabilitation programs include remotivation, recreation, occupational and social skills. The aim of the programs is to develop patients to their highest possible level of functioning. The ultimate goal is to return patients to a place in the community.

In the area of social activity, 590 friends and relatives accepted the hospital's invitation to have Christmas dinner with the patients.

CLARESHOLM CARE CENTRE

The Claresholm Care Centre is a 240-bed extended care facility which provides care and rehabilitative treatment to adults with psychosocial handicaps who do not require treatment at a mental health facility, and who require further rehabilitative treatment to enable them to function satisfactorily in a community setting.

Residents come from communities throughout the province and from the Northwest Territories. Priority is given to new admissions who have home associations or relatives in southern Alberta.

At December 31, 1980, the centre's resident population totalled 212, of whom 115 were women and 97 were men.

Accommodation for residents comprises five separate self-contained units. Four of the units accommodate 50 residents each. The fifth is a rehabilitation unit accommodating 40 residents.

The rehabilitation unit was completely renovated during the year and provides training facilities for numerous life skills which prepare residents for independent living.

One of the 50-bed units was completely re-decorated. A second unit is scheduled for similar redecoration in late 1981 or early 1982.

More emphasis was placed in residents' programs on individualized care. Quality Assurance Programs were also emphasized, and the audit of clinical records progressed. Hiring a medical records technician greatly improved the quality of medical records.

The pharmacy department undertook a study of various unit dosage systems. A system permitting self-medication as part of the training programs was introduced to one unit on a limited basis.

Diverse occupational therapy programs were enjoyed by nearly all residents. In addition to a large occupational therapy centre located in MacLean Hall, each residential unit has its own craft room under the direction of an assistant occupational therapist. New programs include cooking, operating a printing press, wool carding and weaving.

Industrial therapy programs are constantly changing due to the varying abilities of the changing resident population. Many former residents are now living in the community and are employed in house and yard work jobs. The need now is for new industrial therapy programs which provide basic skills beyond these job areas.

The recreation department has one therapist on each unit who co-ordinates activities and carries out unit projects. Programs include a variety of on-site and off-site activities and special events. All activities are intended to maximize resident participation and encourage individuals to perform to their highest degree of capability. Programs encourage both physical and social development.

Residents' councils were established on two units. These provide residents with an opportunity to voice opinions and views on any subjects which affect their lives.

RAYMOND HOME

Raymond Home provides 52 beds for the long-term care of physically independent but psychosocially handicapped adults who are unable to live independently in the community. Referrals are accepted from all parts of Alberta, but priority is given to clients with relatives in southern Alberta.

At December 31, 1980, the resident population was 47, of whom 40 were female and 7 male. The average age of residents was 59.19 years.

Long-term planning is under way to provide a comprehensive service in the Lethbridge region to the chronically mentally ill who are over the age of 18, and have a primary diagnosis of mental illness, regardless of other handicaps or needs. At present, the facility cannot cope with clients unable to negotiate stairs and function in an open setting.

A contract for medical services has been set up with a medical clinic. One doctor visits weekly to take care of routine needs, annual medical examinations, and medication updates. A doctor is available, 24 hours a day, for cases of acute illness and consultation. A psychiatrist visits twice monthly for routine care, and is available on call for emergencies. A local dentist provides services for all residents.

A close liaison is maintained with the division's regional office and with the Canadian Mental Health Association in Lethbridge. Residents work five days a week at the Southern Alberta Rehabilitation Society Workshop in Lethbridge.

Business guidance and personnel matters continued to be administered through Claresholm Care Centre. More supplies are being ordered directly to the home, with Claresholm Care Centre ordering supplies to be purchased in bulk.

Cardiopulmonary resuscitation card holders were requalified. The standard first aid course was completed by staff. All staff participated in a workshop on "The Forgotten Years". Many staff attended the Canadian Mental Health Association's "Lunch and Learn" program. In-service programs incorporated input from contract physicians and from a psychiatrist. Workshops and lectures were also run by staff members.

Provision is made for practicum experience at the home for students from the community college and the University of Lethbridge.

ROSEHAVEN CARE CENTRE

The Rosehaven Care Centre provides 283 beds for the total care and treatment of Alberta residents, aged 65 and over, who do not require active treatment in a general or psychiatric hospital, and cannot be cared for in a home environment or nursing home. Residents are accepted from any part of the province. However, admissions from the northern half of Alberta may be given priority to facilitate contact between residents and their families.

At March 31, 1981, the centre's resident population was 283, of whom 137 were women and 146 were men.

During the reporting period, several improvements were made in facilities and services. A start was made on redecorating one ward. Another ward was designated as an admission unit, in which intensive medical and multi-disciplinary assessments are undertaken for new admissions. A swimming program was established at the new indoor city pool. Several dozen residents attended an outdoor program for the physically and mentally handicapped at Camp He-Ho-Ha near Edmonton.

A hospital auxiliary, made up of community volunteers, was established. Members sell products manufactured by residents in the occupational therapy department. They also tour the nursing units selling sundry items such as candy and postcards.

Approximately 50 junior high school students participated in the volunteer recreation program. An exercise for the Rosehaven Emergency/Disaster Plan was held for the first time. A multi-disciplinary team of 15 was trained in remotivation therapy. Resident remotivation groups are now held on a routine basis.

Rosehaven received full accreditation as an extended care facility for the first time in 1976. Full accreditation was renewed in 1980.

Mental Health Services — Statistics for 1980-81

CASE TREATMENTS, ADMISSIONS AND REGISTRATIONS

Table 1
Number of Cases Treated
in Hospitals and Regional Clinics
during 1980-81

	#	%
Hospitals		
Alberta Hospital Edmonton	1,870	10.6
Alberta Hospital Ponoka	1,124	6.4
Regional Clinics		
Calgary	2,089	11.9
Edmonton	5,675	32.3
FACS*	866	4.9
Grande Prairie	1,421	8.1
Lethbridge	1,666	9.5
Medicine Hat	1,082	6.2
Red Deer	1,759	10.2
Total	17,552	100.0

*Forensic Assessment and Community Services

Table 2
Number of Cases Treated
in Hospitals and Regional Clinics
at March 31, 1981

	#	%
Hospitals		
Alberta Hospital Edmonton	634	9.2
Alberta Hospital Ponoka	438	6.3
Regional Clinics		
Calgary	943	13.7
Edmonton	2,130	30.8
FACS*	212	3.1
Grande Prairie	446	6.5
Lethbridge	1,007	14.6
Medicine Hat	525	7.6
Red Deer	571	8.3
Total	6,906	100.0

*Forensic Assessment and Community Services

Mental Health Services — Statistics for 1980-81

ADMISSIONS AND REGISTRATIONS

Table 3

Admissions to Hospitals and Registrations in Regional Clinics by Age and Sex

	17 Years and Under		18-25		26-44		45-64		65+		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
HOSPITALS												
Edmonton												
Male	30	3.7	233	28.8	330	40.8	139	17.2	76	9.4	808	100
Female	8	1.7	92	19.8	169	36.4	140	30.2	55	11.8	464	100
Total	38	3.0	325	25.6	499	39.2	279	21.9	131	10.3	1,272	100
Ponoka												
Male	9	2.0	94	21.3	198	44.9	99	22.4	41	9.3	441	100
Female	12	5.3	48	21.0	90	39.5	59	25.9	19	8.3	228	100
Total	21	3.1	142	21.2	288	43.0	158	23.6	60	9.0	669	100
Hospitals Subtotal												
Male	39	3.1	327	26.2	528	42.3	238	19.0	117	9.4	1,249	100
Female	20	2.9	140	20.2	259	37.4	199	28.8	74	10.7	692	100
Total	59	3.0	467	24.0	787	40.5	437	22.5	191	9.8	1,941	100
REGIONAL CLINICS												
Calgary												
Male	186	37.6	92	18.6	167	33.8	40	8.1	9	1.8	494	100
Female	160	21.6	165	22.3	337	45.5	66	8.9	12	1.6	740	100
Total	346	28.0	257	20.8	504	40.8	106	8.6	21	1.7	1,234	100
Edmonton												
Male	712	43.2	214	13.0	425	25.8	193	11.7	102	6.2	1,646	100
Female	518	23.7	444	20.3	823	37.6	269	12.3	135	6.2	2,189	100
Total	1,230	32.1	658	17.2	1,248	32.5	462	12.0	237	6.2	3,835	100
FACS*												
Male	127	19.1	332	49.8	183	27.5	20	3.0	4	.6	666	100
Female	12	13.6	39	44.3	31	35.2	6	6.8	—		88	100
Total	139	18.4	371	49.2	214	28.4	26	3.4	4	.5	754	100
Grande Prairie												
Male	137	44.8	59	19.3	81	26.5	25	8.2	4	1.3	306	100
Female	119	29.6	94	23.4	147	36.6	33	8.2	9	2.2	402	100
Total	256	36.2	153	21.6	228	32.2	58	8.2	13	1.8	708	100
Lethbridge												
Male	217	52.4	55	13.3	101	24.4	28	6.8	13	3.1	414	100
Female	163	32.5	82	16.3	190	37.8	62	12.4	5	1.0	502	100
Total	380	41.5	137	15.0	291	31.8	90	9.8	18	2.0	916	100
Medicine Hat												
Male	153	51.5	41	13.8	69	23.2	31	10.4	3	1.0	297	100
Female	90	24.2	101	27.2	144	38.8	32	8.6	4	1.1	371	100
Total	243	36.4	142	21.2	213	31.9	63	9.4	7	1.0	668	100
Red Deer												
Male	164	31.3	90	17.2	153	29.2	75	14.3	42	8.0	524	100
Female	115	14.8	162	20.9	327	42.2	119	15.4	51	6.6	774	100
Total	279	21.5	252	19.4	480	37.0	194	14.9	93	7.2	1,298	100
Clinics Subtotal												
Male	1,696	39.0	883	20.3	1,179	27.1	412	9.5	177	4.1	4,347	100
Female	1,177	23.2	1,087	21.4	1,999	39.4	587	11.8	216	4.3	5,066	100
Total	2,873	30.5	1,970	20.9	3,178	33.8	999	10.6	393	4.2	9,413	100
HOSPITALS, CLINICS TOTAL												
Male	1,735	31.0	1,210	21.6	1,707	30.5	650	11.6	294	5.3	5,596	100
Female	1,197	20.8	1,227	21.3	2,258	39.2	786	13.6	290	5.0	5,758	100
Total	2,932	25.8	2,437	21.5	3,965	34.9	1,436	12.6	584	5.1	11,354	100

*Forensic Assessment and Community Services

Mental Health Services — Statistics for 1980-81

DISCHARGES AND TERMINATIONS

Table 4
Discharges from Hospitals
by Length of Stay

Duration	Alberta Hospital Edmonton		Alberta Hospital Ponoka		Total	
	#	%	#	%	#	%
Less than 1 month	500	40.3	237	34.4	737	38.2
1 to 3 months	473	38.1	270	39.2	743	38.5
3 to 6 months	102	8.2	67	9.7	169	8.8
6 months to 1 year	55	4.4	43	6.2	98	5.1
1 to 3 years	60	4.8	38	5.5	98	5.1
3 to 6 years	30	2.4	17	2.5	47	2.4
6 to 10 years	15	1.2	6	.9	21	1.1
10 years and over	6	.5	11	1.6	17	.9
Total	1,241	100.0	689	100.0	1,930	100.0

Table 5
Terminations at Clinics by Length of Treatment

Duration	Calgary		Edmonton		FACS*		Grande Prairie		Lethbridge		Medicine Hat		Red Deer		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Less than 1 month	47	4.1	892	25.0	514	78.2	147	15.1	18	2.7	80	14.3	232	19.4	1,930	22.0
1 to 3 months	365	31.8	1,155	32.4	48	7.3	241	24.7	171	25.8	223	40.0	635	53.2	2,838	32.4
3 to 6 months	321	28.0	654	18.4	27	4.1	152	15.6	185	27.9	130	23.3	171	14.3	1,640	18.7
6 months to 1 year	229	19.9	467	13.1	32	4.9	146	15.0	153	23.1	86	15.4	93	7.8	1,206	13.8
1 to 3 years	159	13.8	330	9.2	36	5.5	257	26.3	127	19.2	37	6.6	59	4.9	1,005	11.5
3 to 6 years	26	2.3	55	1.5	—	—	27	2.8	9	1.4	1	.2	3	.2	121	1.4
6 to 10 years	—	—	9	.2	—	—	5	.5	—	—	1	.2	1	.1	16	.2
10 years and over	1	.1	2	.1	—	—	1	.1	—	—	—	—	—	—	4	.1
Total	1,148	100.0	3,564	100.0	657	100.0	976	100.0	663	100.0	558	100.0	1,194	100.0	8,760	100.0

*Forensic Assessment and Community Services

Mental Health Services — Statistics for 1980-81

DIAGNOSIS OF CASES

Table 6
Diagnosis
of Discharged Cases
from Hospitals

Diagnosis	Alberta Hospital Edmonton		Alberta Hospital Ponoka	
	#	%	#	%
Affective psychosis	273	22.0	63	9.1
Alcohol/drug related	148	11.9	180	26.1
Mental retardation	26	2.1	13	1.9
Neurosis	36	2.9	41	6.0
No diagnosis	—	—	3	.4
Observation	16	1.3	—	—
Organic non-psychotic	69	5.6	20	2.9
Organic psychosis	69	5.6	57	8.3
Non-organic psychosis	39	3.1	20	2.9
Other disorders	42	3.4	24	3.5
Personality disorder	157	12.7	73	10.6
Psychosomatic disorder	28	2.3	3	.4
Schizophrenia and paranoid states	299	24.1	186	27.0
Transient situational disturbance	39	3.1	7	1.0
Total	1,241	100.0	690	100.0

Table 7
Diagnosis of Cases Terminated by Regional Clinics

Diagnosis	Calgary		Edmonton		FACS*		Grande Prairie		Lethbridge		Medicine Hat		Red Deer	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Affective psychosis	33	2.9	209	5.9	2	.3	22	2.3	16	2.4	11	2.0	82	6.9
Alcohol/drug related	27	2.4	138	3.9	12	1.8	33	3.4	12	1.8	15	2.7	42	3.5
Childhood disorder	83	7.2	344	9.7	12	1.8	82	8.4	75	11.3	92	16.5	39	3.3
Conduct disorder	36	3.1	202	5.7	23	3.5	60	6.1	23	3.5	47	8.4	57	4.8
Mental retardation	17	1.5	62	1.7	10	1.5	73	7.5	18	2.7	11	2.0	16	1.3
Neuroses	136	11.8	302	8.5	21	3.2	95	9.7	117	17.6	44	7.9	145	12.1
No diagnosis	70	6.1	148	4.2	59	9.0	44	4.5	2	.3	95	17.0	140	11.7
Observation	135	11.8	130	3.6	203	30.9	105	10.8	12	1.8	1	.2	1	.1
Organic non-psychotic	5	.4	27	.8	6	.9	5	.5	6	.9	2	.4	11	.9
Organic psychosis	3	.3	103	2.9	6	.9	5	.5	3	.5	1	.2	29	2.4
Other disorders	18	1.6	57	1.6	25	3.8	31	3.2	26	3.9	16	2.9	18	1.5
Personality disorders	93	8.1	473	13.3	109	16.6	47	4.8	49	7.4	28	5.0	103	8.6
Psychosomatic disorders	8	.7	75	2.1	123	18.7	32	3.3	9	1.4	5	.9	5	.4
Schizophrenia and paranoid states	37	3.2	270	7.6	20	3.0	58	5.9	32	4.8	14	2.5	81	6.8
Special symptoms not elsewhere classified	13	1.1	20	.6	1	.1	35	3.6	22	3.3	4	.7	1	.1
Transient situational disturbance	434	37.8	1,004	28.2	25	3.8	249	25.5	241	36.3	172	30.8	424	35.5
Total	1,148	100.0	3,564	100.0	657	100.0	976	100.0	663	100.0	558	100.0	1,194	100.0

*Forensic and Community Services

REHABILITATION SERVICES DIVISION

Services for the Handicapped Branch

Vocational Rehabilitation Branch

Public Guardian Branch

Statistics for 1980-81

REHABILITATION SERVICES DIVISION

M. L. ARCAND Assistant Deputy Minister

The Rehabilitation Services Division is responsible for the development of specialized services for the handicapped, and for the provision of vocational services, including employment placement, to adults in receipt of other services from the department. The division's services are administered under three branches: Services for the Handicapped, Vocational Rehabilitation, and the Public Guardian.

SERVICES FOR THE HANDICAPPED BRANCH

As in previous years, the branch's efforts were directed to the development of regional and community-based services which promote the integration of handicapped individuals in their communities.

In the area of child development, efforts were directed to the development of home-based early intervention programs which provide care for infants 0 to 3 years of age, specialized day care for severely and profoundly handicapped children, integrated day care for less handicapped children, and residential relief programs. With the exception of relief care, these programs have now been transferred, or are in the process of being transferred, to other appropriate delivery systems.

During this reporting period, the branch helped sponsor the Second Symposium on Primary Prevention. Also, in November 1980, the government announced the establishment of a provincial International Year of Disabled Persons Committee and a \$500,000 fund to include the costs of a guidebook, special projects, a public awareness campaign, and an applied research fund.

Reports follow from each of the branch's regions. Statistics on the branch's activities for 1980-81 can be found on pages 53 through 56 at the end of this division's report.

GRANDE PRAIRIE REGION

Residential Services: Falher opened a community residence for teenagers and young adults; the Peace River Association opened a new duplex for six teenagers; and the Grande Prairie Association started two new residences and closed the old children's dormitory.

Both the Peace River Association and the Grande Prairie Association undertook the administration and supervision of approved homes. In Grande Prairie, an interagency Independent Living Skills program was started.

Children's Services: The Early Intervention program in Grande Prairie, operated by the school board, expanded its services to provide programs for 18 children. The High Prairie program also expanded its services.

Emphasis was placed on providing specialized training to staff and parents working with handicapped children, and workshops on assessment and programming techniques were organized locally and provincially.

EDMONTON REGION

Client Services: This unit consisted of a supervisor and six adult case workers responsible for co-ordinating the admission and discharge of people in direct services, and for co-ordinating adult placement, referral and follow-up services within the region.

Residential Services: The Eric Cormack Centre continued to provide residential accommodation and daily program opportunities for 98 profoundly handicapped children and adults requiring ongoing nursing care. Sixteen residents were enrolled in special education classes on site; eight were transferred to group homes operated by Resources for the Dependent Handicapped. Ten new residents were admitted.

Physical renovations to Rosecrest Home were completed in March 1981. The home provides nursing and developmental support for children with multiple handicaps between birth and 5½ years of age. During the year, the capacity of the home was reduced from 42 to 36. Four residents were transferred to group homes operated by Resources for the Dependent Handicapped, two were transferred to the Eric Cormack Centre and three to foster homes. Three new residents were admitted.

Resources for the Dependent Handicapped: Three additional group homes were opened and the Adult Day Training program was strengthened. By year-end, 70 beds were available, including three relief beds. An additional four group homes are to be opened in 1981-82.

By March 1981, the Adult Day Training program at St. Joan's Resource Centre was serving a total of 18 adults.

All children residing in Resources for the Dependent Handicapped group homes attend an off-site school program.

Community Behavioral Services: This program offers two programs, a community outreach service and a residential treatment program.

In 1980-81, the community outreach program

expanded services through the addition of three staff positions. Under the program, 14 families received training in parent workshops; 42 agencies received consultation regarding clients with specific behavioral problems; and ten agencies received in-service training in behavioral management procedures.

Eleven children were accommodated in the residential treatment program. Six of these children were successfully re-integrated into their homes. Forty-one children used the relief beds, and 21 received week-end relief.

Plans were made for the expansion of Adult Behavioral Services. A project supervisor was hired to co-ordinate all aspects of planning.

ST. PAUL REGION

St. Paul Region office was opened on April 1, 1980 as the seventh regional office of Services for the Handicapped Branch. Four positions were transferred from the Edmonton Region office, and arrangements were made to provide specialized support services to the St. Paul Region until its new office was fully staffed.

Residential Services: Two new group homes providing an additional 12 spaces were developed, and the service capacity of vocational workshops was increased.

CENTRAL ALBERTA REGION

Emphasis was placed on the development of additional community resources in the rural areas, as well as on the provision of support services to existing agencies.

Residential Services: A children's residence was established in Stettler, and two additional group homes for multi-handicapped children were developed in Wetaskiwin.

Funding was approved for the operation of new residential facilities in Camrose and Innisfail, and for the operation of vocational and residential facilities in Rocky Mountain House.

Increased residential support services included the allocation of program worker positions to three regional agencies to assist in the operation of residential programs.

Wetaskiwin Centre: Two new group homes were opened as part of the plan to reduce the number of residents receiving centralized institutional care. Twelve residents were transferred to these group homes.

CALGARY REGION

Rural Services: In High River-Okotoks, community development was the primary emphasis. The New Parents group promoted public awareness, developed a handi-bus system, and began negotiations for vocational programs.

Applications were made in Drumheller for a program worker to take over the Approved Home and

Independent Living Skills programs, and for an adult group home to be established.

Early in the year a community worker was appointed in Olds-Didsbury. This resulted in the identification of projects to be initiated in the next fiscal year.

Residential Services: Progress was made on the first five group homes for some of the dependent handicapped population in Baker Centre. Sites were purchased and the group homes are expected to open in late 1982. A planning group composed of community agency representatives and staff was involved in the development of a co-operative apartment proposal as a new step in the residential continuum.

Children's Services: A new funding basis was negotiated for the Providence Child Development Centre. This centre is now comparable to other day care centres. The funding for the autistic program at Margaret House was changed from block funding to a system of specific allocations for residential and outreach programs. Negotiations to transfer the school day program were undertaken with the school board. A staff training exchange program was developed for agencies operating children's programs. Recreational programs for handicapped children were developed in a number of areas.

Behavioral Services: The contracted University Outreach Behavioral Service was evaluated at the end of the year. Detailed planning for new community behavioral services continued. The first intensive care behavioral facility was opened on site at Baker Centre.

Baker Centre: The Public School Board is now operating two special classes on site for severely and profoundly handicapped residents.

Major activities related to planning for the replacement of Baker Centre services included:

- Developing a functional plan for ten group homes for severely and profoundly retarded residents;
- Working with the planning committee for Bow Island and Fort Macleod to develop services for medically dependent residents;
- Providing planning and organizational information to staff regarding the redeployment of services.

LETHBRIDGE REGION

The major impact on regional activities came from the decision to discontinue the Com-Serv project. Services operated by Com-Serv were formally terminated in October 1980. Three significant developments occurred to ensure continuity of functions previously assigned to Com-Serv.

- The Citizens Resource Centre of Southwestern Alberta was established to provide client service co-ordination, and to provide advice on service needs within the region.
- The Southern Alberta Community Living Associa-

tion was formed as a non-profit society. Its responsibilities are to operate residential services for handicapped and disabled persons, and to operate the Approved Home and the Independent Living Skills programs.

- The Lethbridge District Office was expanded to full status to include: a full-time regional co-ordinator; a supervisor; community workers; residential, vocational, behavioral, and child development specialists; a client service co-ordinator for out-of-region placements and referrals; and clerical support. All positions except the behavioral specialists were filled by year-end.

Residential Services: Proposals were initiated to establish a Regional Referral and Planning Committee, and a transitional group home.

Fort Macleod Special Care Facility: A steering committee comprised of representatives from the hospital board, parents, staff from the regional office, and staff from Baker Centre was established to help plan a 30-bed special care facility for severely and profoundly handicapped people who are medically fragile. The local hospital board will operate the facility under contract to the department.

MEDICINE HAT REGION

During 1980-81 the regional office received two new staff bringing the total complement to nine.

Client Service Co-ordination: Forty-two clients were served, including 11 residential placements and six vocational placements.

Independent Living Skills: Of the 16 adults participating in this program, four were assisted into independent living during the course of the year.

Residential Services: The Approved Home program provided room and board and developmental training for 19 residents, five more than in the previous year. Plans were made to transfer the program to the Association for the Mentally Retarded, effective April 1, 1981.

The Medicine Hat and District Association for the Mentally Retarded completed an application for a second group home in July 1980. Because of serious local resistance to the establishment of this facility, it did not open until November 1980. However, the establishment of this group home generated a great deal of positive support to the handicapped by the Medicine Hat community. This led to a revision of municipal by-laws which now identify group homes as a discretionary land use in all zoning areas. The Minister requested that the Community Resource Board review present and future group home residential developments in southeastern Alberta, and submit recommendations.

In the area of residential support services, proposals were approved for a child and adult program worker, an Approved Home program worker, and one half-time program co-ordinator.

During the year, physically handicapped adults who requested and required a community-based group living option were identified. The Alberta Rehabilitation Council for the Disabled agreed to develop a program proposal, with the assistance of a local advisory committee, for a group home for the physically handicapped. This proposal is now being developed, with potential clients playing a major role in its creation.

Bow Island Special Care Facility: Planning was undertaken for a 30-bed special care facility for severely and profoundly handicapped people who are medically fragile. This facility will be operated by the Bow Island General Hospital on hospital grounds, and provide health care and developmental training.

Community Development: A Summer Temporary Employment Program (STEP) study completed in 1979-80 set out "to identify handicapped adults in the region and to identify the services provided by local agencies for this population". This study identified 320 adults and provided a complete resource inventory. A follow-up Priority Employment Program (PEP) study was completed during 1980-81 which detailed individual needs in the areas of residential, vocational, and recreational programs. The studies provided a data base upon which to direct service expansion and refine existing services.

Children's Services: Funded programs are grouped in two major categories: specialized day care and integrated day care. The specialized day care program includes a 12-space half-time preschool unit, as well as a 6-space program for children with severe hearing impairment. Both programs are operated by the City of Medicine Hat and serve only children of preschool age.

MICHENER CENTRE

Effective May 1, 1980, 38 new institutional aide staff positions were added at Caribou A and Caribou B Lodges to increase staff-to-resident ratios, and to provide activity and developmental programs for the 131 adult residents.

On November 1, 1980, 100 new staff positions, consisting of 60 institutional aides, 30 rehabilitation practitioners, and 10 therapy assistants, were allocated to Michener Centre to work with lower functioning residents and to provide some units with up to 3.5 hours daily of direct care staff.

Changes were effected in the behavioral training unit. The sick bay unit was moved to a newly renovated area on the second floor of Nightingale. Renovations to the Michener Centre North Laundry Building were initiated. This building will house a new vocational training centre. The project is expected to be completed during the next fiscal year.

The association of parents of Michener Centre residents worked during the year to obtain funding and final approval for the establishment of a new camp facility at Sylvan Lake.

EARLY INTERVENTION PROGRAM

The Early Intervention program was established to provide professional support in the home for parents of young handicapped or developmentally delayed children, aged 0 - 3½ years. The goals of the program are to assist parents and families maximize the developmental potential of children, and to assist in seeking out and using community resources.

Eleven individual Early Intervention programs are operating in the province, five by Local Health Authorities, five by community agencies and school boards, and one by Services for the Handicapped Branch. Local program operations are based on provincial program standards approved by the department in October 1980. A two-year evaluation project of Early Intervention programs also commenced in October 1980. Plans were made to transfer responsibility for all Early Intervention programs to the Community Health Services Branch, effective April 1, 1981.

VOCATIONAL REHABILITATION BRANCH

The Vocational Rehabilitation Branch is responsible for the delivery of a variety of rehabilitation service programs that assist handicapped and disadvantaged Albertans to move toward independence. There are five specific program areas in the branch: Employment Opportunities, Opportunity Corps, Vocational Services, Temporary Employment, and the Employment Skills Demonstration Project.

EMPLOYMENT OPPORTUNITIES PROGRAM (EOP)

The Employment Opportunities Program (EOP) provides assessment, counselling, and employment preparation and placement services to clients of the department to assist them to prepare for and secure employment. Clients wishing employment services, or those required to seek work, are referred to an employment counsellor. The counsellor assists the client to find a job, to identify career goals, to access training, or to work out problems related to

employment. The program has 50 employment counsellors working out of district Social Services offices throughout the province.

EOP handled an average caseload of about 3,500 clients per month, and in 1980-81 provided services to a total of 13,080 clients. The majority of clients were receiving Social Allowance: 23 per cent received Social Allowance because they were physically disabled, mentally ill, or mentally retarded. Of the non-handicapped caseload, 64 per cent received Social Allowance because they had dependent children.

The optimum outcome of EOP services is the placement of clients into employment, or into training or group counselling which will assist them to become ready for employment. There is a 90-day follow-up period for clients after placement to assist them in overcoming any problems that may arise, and to provide stability in the placement. In the 1980-81 fiscal year, EOP made the placements shown in the table on this page.

A renewed emphasis on individual counselling of clients resulted in a decline of group counselling activities below the previous year. During the year, EOP worked with a greater number of handicapped clients, and was successful in achieving a much higher level of placements. Training and employment placements for handicapped clients increased to 1,094 in 1980-81, up significantly from the 472 placements made in the previous year.

With the introduction of the Assured Income for the Severely Handicapped (AISH) program, EOP was also required to assess employment potential for applicants for AISH. During 1980-81, EOP assessed 804 individuals to assist in determining AISH eligibility.

Statistics for EOP in 1980-81 are shown in Tables 4 through 6 on page 55 of this report.

OPPORTUNITY CORPS PROGRAM

The Opportunity Corps program provides work and life skills experience to individuals in northern Alberta communities who do not meet the standards set for existing training programs or employment opportunities. Participants are paid a wage while they work at a trade on a community project and

Placements by EOP

	North			South			Total		
	Handi-capped	Non-handi-capped	Total	Handi-capped	Non-Handi-capped	Total	Handi-capped	Non-Handi-capped	Total
Into Employment	443	948	1,391	285	760	1,045	728	1,708	2,436
Into Training	197	444	641	169	520	689	366	964	1,330
Into Group Counselling	53	64	117	49	134	183	102	198	300
Total	693	1,456	2,149	503	1,414	1,917	1,196	2,870	4,066

participate in life skills experiences. Most trainees are unskilled residents of isolated communities who have little education and little work experience. They often receive Social Allowance to provide for their basic needs and those of their families. In 1980-81, the program operated in the communities of Cadotte Lake, Calling Lake, Fort Chipewyan, Fort McMurray, Fort Vermilion, High Prairie, Janvier, Little Buffalo, Peace River, Peerless Lake, Slave Lake, Trout Lake, and Wabasca. The average trainee work force at any one time was between 150 and 200 participants.

During 1980-81, a total of 567 trainees participated in the program. Of these, 88 graduated from the program into full-time employment, and 64 into part-time employment. Twenty-five entered full-time training. On March 31, 1981, 153 trainees were participating in the program.

VOCATIONAL SERVICES PROGRAMS

Vocational Services programs assist handicapped people achieve their highest potential and prepare as many as possible for gainful employment. Programs are managed and directed by local non-profit organizations. The Vocational Rehabilitation Branch provides funding for operational and consultative services to assist local agencies to deliver a high quality of training. There are four levels of programming:

- 1) **Activity level programs** are designed for moderately or severely handicapped adults. They provide training for life skills and work-related skills to enable trainees to move into programs offering more intensive vocational skills training. In 1980-81, 17 activity level programs were funded to accommodate training for 332 handicapped adults.
- 2) **Vocational training programs** are designed for moderately and mildly handicapped adults. They provide training for work skills and personal adjustments necessary to assist clients to move into employment. In 1980-81, 24 vocational training programs were operated for 756 trainees.
- 3) **Vocational rehabilitation programs** are designed for adults identified as having physical, emotional, or developmental handicaps. They provide assessment for employment preparation and placement to facilitate the transition to employment. In 1980-81, eight programs were operated, providing training for 185 individuals.
- 4) **Work activity programs** are designed for mentally retarded and physically disabled individuals. They provide a complete continuum of training and include a research component. These programs are operated by the Vocational Rehabilitation Research Institute in Calgary and by the Western Industrial Research and Training Centre in Edmonton. In 1980-81, these organizations offered instruction in a wide variety of vocational skills to over 450 individuals.

During the 1980-81 fiscal year, the Vocational Rehabilitation Branch provided in excess of \$8 million to community agencies to train more than 1,700 handicapped adults.

In recognition of 1981 as the International Year of Disabled Persons, an additional \$2 million for sheltered workshops was made available to improve vocational services and facilities. The \$2 million in grants was directed towards:

- Increasing administrative funding to agencies providing vocational services programs;
- Providing 100 per cent of capital costs related to occupational health and safety regulations;
- Increasing the minimum operating capacity of programs from 15 to 25 spaces;
- Providing programs for handicapped adults over 18 who are no longer eligible for special education programs;
- Assisting with the expenses of programs which cater to the needs of trainees graduating from sheltered workshops;
- Providing increased assistance to the Alberta Association of Rehabilitation Centres to enhance its role in policy planning and program development.

Discussions started with the Alberta Association of Rehabilitation Centres on long-term goals and policies related to the provision of vocational programs to handicapped people in Alberta. This initiative commenced in 1980-81, is ongoing, and is expected to be completed in the 1981-82 fiscal year.

In order to compare vocational services provided to handicapped adults across the country, a questionnaire was developed in conjunction with the Alberta Association of Rehabilitation Centres. This questionnaire was circulated throughout the country by an independent consulting group and was instrumental in providing information about other provincial programs, funding models, and policy issues.

Statistics on vocational training programs in 1980-81 are shown in Table 7 on page 56 of this report.

TEMPORARY EMPLOYMENT PROGRAMS

The Vocational Rehabilitation Branch is responsible for the co-ordination, administration and monitoring of all temporary employment programs in the department.

Summer Temporary Employment: The Summer Temporary Employment Program (STEP), funded through Alberta Advanced Education and Manpower, provides post-secondary students with short-term summer work experience within Alberta government departments to assist in their career development. In the summer of 1980, Alberta Social Services and Community Health employed 242 students to work on 189 projects at a cost of over \$540,000. STEP projects were made available throughout the province, and provided assistance

directly to departmental programs as well as to programs run by agencies.

Priority Employment: The Priority Employment Program (PEP) is a special manpower program funded by Alberta Advanced Education and Manpower. It provides short-term employment to unemployed Albertans on project activities within provincial government departments.

Between January and April, 206 projects were run in this department involving 244 positions at a cost in excess of \$875,000.

Employment Skills Demonstration Project: The Employment Skills Demonstration Project (ESDP) provides short-term work experience opportunities of up to six months in provincial government departments for Social Allowance recipients who are willing to work but are hard to place competitively because of a poor work history. The project is funded jointly through Alberta Advanced Education and Manpower, which covers participant wages, and Alberta Social Services and Community Health, which covers staff and administrative costs.

The project commenced in the fall of 1979 and Phase I, ongoing into April 1980, provided employment to 116 Social Allowance recipients in 11 provincial government departments. Phase II commenced in November 1980 and, by March 31, 1981, 180 trainees had been employed on 134 projects in 14 provincial government departments. Phase II will be ongoing until December 1981.

An evaluation of the Employment Skills Demonstration Project was conducted during the summer of 1980. The evaluation concluded that:

- ESDP is an effective program to achieve client independence from Social Allowance. Seventy-six per cent of the participants achieved either full or partial independence from Social Allowance through employment after completing ESDP work placements.
- ESDP is an effective cost-saving program. Based on the size of the Phase I project, there are potential savings of over \$300,000 per year to the department on expenditures normally necessary to maintain ESDP Phase I participants on Social Allowance.

The ESDP program operates throughout the province. It is managed through the Employment Opportunities Program, which has special counselors assigned full time to ESDP to work in developing projects, selecting clients, matching clients to projects available, placing clients, providing ongoing counselling and support throughout the work placement, and assisting clients secure permanent work following completion of ESDP placements.

PUBLIC GUARDIAN BRANCH

The objective of the Public Guardian Branch is to respond to the guardianship needs of dependent adults and of potentially dependent adults, as required by the Dependent Adults Act of Alberta. The Public Guardian is responsible to both the Minister of Social Services and Community Health and to the court. The Office of the Public Guardian is mandated to ensure and protect the rights of dependent adults who have been judged by the courts to be incapable of self-care or of making responsible judgements in respect to personal matters.

The Public Guardian Branch also assists private individuals to obtain guardianship orders. In addition it initiates applications for guardianship where no private citizen is willing, able, or suitable to initiate an application.

Branch staff consists of the Public Guardian, Deputy Public Guardian, four regional co-ordinators, 21 Public Guardian representatives, and 14 clerical staff. The branch's administrative structure is an example of the government's policy of decentralization: the head office is located in Red Deer, with regional offices in Calgary, Edmonton, and Red Deer.

During the 1980-81 fiscal year, the branch:

- Assisted 223 private individuals make guardianship applications;
- Processed 488 applications for presentation by Crown solicitors;
- Deferred action on 26 applications because investigations revealed that guardianship was not needed;
- Undertook 26 investigations relating to allegations of abuse in respect of dependent adults.

A total of 721 guardianship orders was issued by the court. Private guardians were appointed in 510 cases; the Public Guardian was appointed in the remaining 211. The branch also undertook 28 reviews of guardianship orders of which three were discharged and the remaining 25 were continued.

The 1980-81 fiscal year saw the most dynamic developments since the inception of the Office of the Public Guardian. On May 22, 1980, the Dependent Adults Amendment Act received third reading. In August 1980, Cabinet approved a new phase in the development of the Public Guardian program. Thirteen permanent positions and 14 project positions were added to the existing staff total of 14.

A Foster Guardian program was also commenced on a pilot basis in the Camrose and Red Deer areas. The goal of the program is to develop, enhance and use community resources and volunteers to enrich the quality of life of dependent adults, and assist individuals to live as independently as possible.

A statistical review of applications, orders, reviews and investigations is shown on page 56.

Rehabilitation Services—Statistics for 1980-81

SERVICES FOR THE HANDICAPPED RESIDENTIAL AND CHILD DEVELOPMENT SERVICES

Table 1 shows that 446 child development spaces for handicapped children were being funded at March 31, 1981. They included 128 infant development spaces, 212 integrated day care spaces, and 106 specialized day care spaces, for school age children. The regional variations in funded child development spaces are also shown in Table 1.

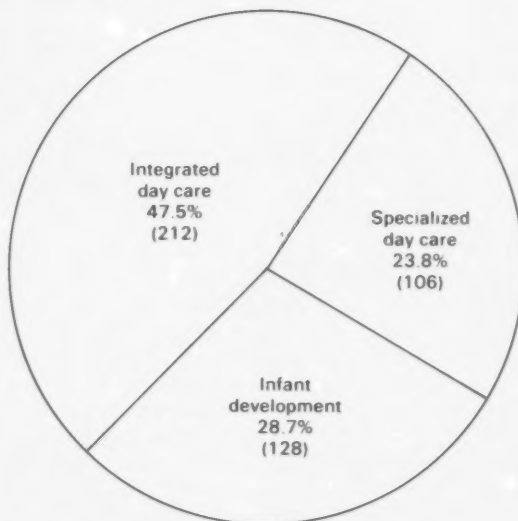
Figure 1 illustrates that infant development spaces accounted for 28.7 per cent of the total funded spaces. Of the remaining funded spaces, integrated day care accounted for 47.5 per cent, and specialized day care for 23.8 per cent.

Figure 2 shows that Michener Centre represented 52.5 per cent of the total spaces available at March 31, 1981. Private community residence spaces funded by the branch accounted for 26.2 per cent of the total, other government-operated residential spaces accounted for 14.1 per cent, and approved homes and the Family Home Program for 7.2 per cent. Overall, including Michener Centre, 3,066 spaces were available (or occupied, as in the case of the government-operated residences and institutions).

Table 1
Child Development Spaces, by Program and by Region
at March 31, 1981

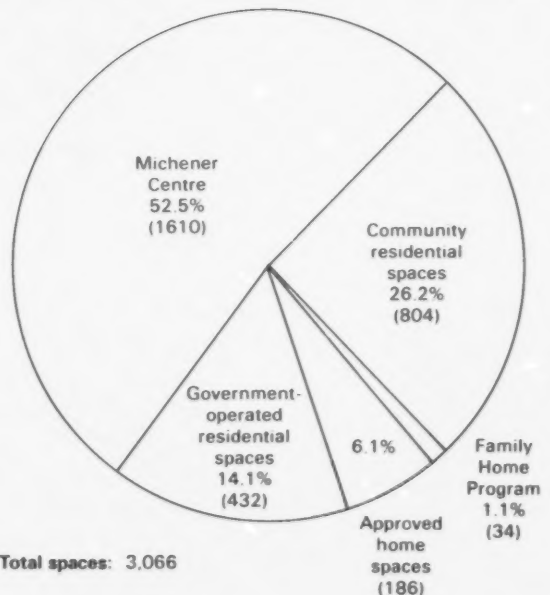
Program	Grande Prairie	Edmonton	St. Paul	Central Alberta	Calgary	Lethbridge	Medicine Hat	Total
Infant development	18	65	—	—	45	—	—	128
Integrated day care	32	48	—	16	68	28	20	212
Specialized day care	—	—	—	—	100	—	6	106
Total	50	113	—	16	213	28	26	446

Figure 1
Child Development Spaces*
by Program
at March 31, 1981



*Total spaces: 446

Figure 2
Spaces* for Residential and
Institutional Services
at March 31, 1981



*Total spaces: 3,066

Rehabilitation Services — Statistics for 1980-81

SERVICES FOR THE HANDICAPPED RESIDENTIAL AND CHILD DEVELOPMENT SERVICES

Table 2 shows that as of March 31, 1981, the Services for the Handicapped Branch provided funding to private agencies for 804 community residence spaces for the handicapped. The dominant type of residential facility was for the moderately mentally retarded person (Level II).

Michener Centre, which is operated by the branch, accommodated 1,610 persons at March 31, 1981, a 26.8 per cent decrease from the 2,200 spaces occupied in 1972. The branch operated

regional institutions providing 344 spaces and 88 other residential spaces as of March 31, 1981.

In addition, 186 approved home spaces were available for mentally retarded adults, and 34 spaces were available for children in the Family Home Program.

Table 3 shows the population change in government-operated residential facilities during the 1980-81 fiscal year. The total number of residents at March 31, 1981, was 2,042.

Table 2
Number of Residential Spaces, by Region, at March 31, 1981

Type of Residential Space	Provincial Total Spaces	Regional Totals						
		Grande Prairie	Edmonton	St. Paul	Central Alberta	Calgary	Lethbridge	Medicine Hat
Community Residence								
Level II	595	58	150	66	85	195	33	8
Level II Relief	19	—	10	—	2	5	2	—
Level III	73	—	19	5	9	31	8	1
Level III Relief	5	—	2	—	—	—	1	2
Multi-Handicapped	82	7	51	2	—	13	8	1
Multi-Handicapped Relief	1	—	—	—	—	—	1	—
Physically Handicapped	29	—	9	—	—	12	8	—
Total Community Residence	804	65	241	73	96	256	61	12
Approved Homes Spaces	186	20	10	4	35	69	29	19
Family Home Program	34	—	34	—	—	—	—	—
Total Spaces	1,024	85	285	77	131	325	90	31
Government Operated¹								
Michener Centre ²	1,610	—	—	—	1,610	—	—	—
Baker Centre	182	—	—	—	—	182	—	—
Wetaskiwin Centre	40	—	—	—	40	—	—	—
Eric Cormack Centre	91	—	91	—	—	—	—	—
Rosecrest Home	31	—	31	—	—	—	—	—
Other ³	88	—	88	—	—	—	—	—
Total Spaces	2,042		210		1,650	182		
Grand Total	3,066	85	495	77	1,781	507	90	31

¹Number of residents at March 31, 1981; does not reflect the total number of funded or licensed spaces.

²A provincial facility reporting directly to the branch's central office.

³Includes Resources for the Dependent Handicapped, Hillside Apartments, and Community Behavior Services.

Table 3
Population Change¹ in Government-Operated Facilities

Facility	Residents At March 31, 1981	Admissions Including Transfers and Re-Admissions April 1, 1980-March 31, 1981	Deaths April 1, 1980-March 31, 1981	Discharges Including Transfers April 1, 1980-March 31, 1981
Michener Centre, Red Deer	1,610	78	27	98
Baker Centre, Calgary	182	18	3	16
Wetaskiwin Centre, Wetaskiwin	40	2	0	5
Eric Cormack Centre, Edmonton	91	10	4	8
Rosecrest Home, Edmonton	31	12	2	21
Resources for Dependent Handicapped, Edmonton	67	43	0	0
Hillside Apartments, Edmonton	16	14	0	14
Community Behavioral Services, Edmonton	5	5	0	5
Total	2,042	182	36	167

¹Statistics exclude residential relief placements

Rehabilitation Services—Statistics for 1980-81

EMPLOYMENT OPPORTUNITIES PROGRAM

The Employment Opportunities Program (EOP) provides assessment, employment preparation, and counselling services to departmental clients, and assists them in their search for suitable employment or training placements.

Table 4
Placement Activity

Table 4 shows that there were 4,066 EOP placements during the 1980-81 fiscal year.

Table 5
Monthly Placements

Table 5 shows that during the reporting period EOP placed an average of 338 clients each month, 60 per cent of whom were

placed in employment, 33 per cent in training programs, and 7 per cent in training preparation programs (group counselling). This table also shows that placements were approximately equal in the northern and southern regions, although the north recorded more employment placements, and the south recorded more training preparation and training placements.

Table 6
Handicapped Placements

Table 6 shows that EOP placed an average of 91 handicapped clients each month into employment training preparation programs. Of this number, 58 per cent were in the northern region of the province.

Table 4
Placement Activity

Placement Activity	Number of Placements
Placed in group counselling	300
Placed in training	1,330
Placed in employment	2,436
Total	4,066

Table 5
**Average Monthly Number of People (Handicapped and Non-handicapped)
Placed in Training or Employment, by Region**

	Group Counselling		Training		Employment		Total	
	#	%	#	%	#	%	#	%
Northern Alberta	10	40	53	48	116	57	179	51
Southern Alberta	15	60	57	52	87	43	169	49
Total	25	100	110	100	203	100	348	100

Table 6
**Average Monthly Number of
Handicapped People Placed in
Employment and Training,
by Region**

	#	%
Northern Alberta	53	58
Southern Alberta	38	42
Total	91	100

Rehabilitation Services — Statistics for 1980-81

VOCATIONAL TRAINING PROGRAMS

Table 7

Spaces in Vocational Training Programs, by Region

Region	Activity Centre	Vocational Training Centre	Vocational Rehabilitation	Work Activity Program
Grande Prairie	10	71	—	225
Edmonton (including St Paul)	107	315	45	—
Red Deer	10	90	—	225
Calgary	130	85	125	—
Lethbridge	5	118	5	—
Medicine Hat	10	75	5	450
Total	272	754	180	

PUBLIC GUARDIAN

Table 8

Completed Assessments, by Region

Region	Solicitor Applications		Deferred	Investigations	Reviews		Total
	Private	Crown			Private	Crown	
Northern	85	128	9	5	4	3	234
Central	30	276	15	15	1	2	339
Southern	108	84	2	6	10	8	218
Total	223	488	26	26	15	13	791

Table 9

Court Orders Granted, by Region

Region		Partial Guardianship	Plenary Guardianship	Total
Northern	Private	120	37	157
	Public	25	3	28
Central	Private	162	53	215
	Public	105	22	127
Southern	Private	95	43	138
	Public	43	13	56
Total		550	171	721

FINANCIAL SERVICES DIVISION

Financial Statements

FINANCIAL SERVICES DIVISION

D.W. STRANG Assistant Deputy Minister

The Financial Services Division is responsible for all financial activities. These include budgeting, cost control and reporting, accounts payable, and revenue collections.

Major developments in the 1980-81 fiscal year included the following:

- Accounting systems were established for the Day Care Operating Allowance and the Day Care Subsidy introduced in the fiscal year.
- A major study of the Financial Services Division organization was undertaken. This resulted in

strengthening the division at the managerial level, and a major reorganization of the various functions within the division. The main purpose of the study and reorganization was to assist the division to be better able to function as one of the major support services in the department.

- Recommendations were made to implement procedures in District Offices designed to achieve better financial control in the handling of cash.

Financial statements for the 1980-81 fiscal year are shown on the following pages.

BUDGET ESTIMATES, SPECIAL WARRANTS AND EXPENDITURES CLASSIFIED BY VOTE (\$000)

	1980-81 Budget Estimates	1980-81 Special Warrants	Expenditures for the Years Ending March 31	
			1981 (a)	1980 (b)
VOTE 1 — DEPARTMENTAL SUPPORT SERVICES ELEMENT				
Minister's Office	211	—	222	197
Executive Management	936	51	1,277	814
Departmental Financial Services	3,168	167	3,451	2,665
Research and Planning	2,705	82	2,656	1,864
Senior Citizens Bureau	452	—	435	401
Personnel and Staff Development	2,428	1,169	3,191	2,380
Public Communications	585	542	936	445
Departmental Administrative Services	3,675	53	3,880	3,162
Management Audit	437	—	363	306
Public Guardian's Office	925	353	540	283
Social Services District Offices	26,026	2,204	28,982	23,491
Family Maintenance and Court Services	470	—	478	408
Administration of District Offices	461	11	533	417
Total Vote 1	<u>42,479</u>	<u>4,632</u>	<u>46,944</u>	<u>36,833</u>
VOTE 2 — SOCIAL ASSISTANCE				
Program Support	1,834	83	2,138	1,626
Public Assistance for Aged	14,160	—	13,750	15,950
Public Assistance for Single-Parent Families	110,647	—	89,750	85,582
Public Assistance for Physically Handicapped	18,939	—	27,500	26,609
Public Assistance for Mentally Handicapped	6,080	—	6,586	9,927
Public Assistance for Employables	31,084	—	26,953	23,240
Public Assistance for Special Groups	4,889	—	4,855	3,558
Total Vote 2	<u>187,633</u>	<u>83</u>	<u>171,532</u>	<u>166,492</u>
VOTE 3 — CHILD WELFARE SERVICES				
Program Support	1,230	44	1,409	1,187
Community and Family Services	22,643	3,846	25,875	21,961
Contracted Residences	17,811	3,838	19,274	13,654
Residence and Treatment in Institutions	10,400	—	11,326	8,545
Total Vote 3	<u>52,084</u>	<u>7,728</u>	<u>57,884</u>	<u>45,347</u>
VOTE 4 — SPECIALIZED SOCIAL SERVICES				
Purchased Services and Agency Grants for Adults	698	—	696	588
Residential Accommodations in Institutions and Hostels for Adults	3,728	—	3,255	2,761
Total Vote 4	<u>4,426</u>	<u>—</u>	<u>3,951</u>	<u>3,349</u>

(a) Preliminary - not audited

(b) Audited and comparable to 1980-81 Estimates

NOTE: For detailed audited information on all financial statements included in this report, please refer to the Public Accounts of the Province of Alberta, which are submitted to the Legislature annually.

VOTE 5 — BENEFITS AND INCOME SUPPORT

Senior Citizens Supplementary Benefits	35,959	20,700	48,935	32,149
Pensions and Allowances	62,073	4,676	26,879	2,861
Total Vote 5	<u>98,032</u>	<u>25,376</u>	<u>75,814</u>	<u>35,010</u>

VOTE 6 — VOCATIONAL REHABILITATION SERVICES

Program Support	184	—	214	138
Regional Delivery Services	1,706	—	1,924	1,456
Purchased Services and Agency Grants	6,893	2,025	8,633	5,205
Vocational Opportunities for Disabled Adults	2,775	—	2,848	2,293
Total Vote 6	<u>11,558</u>	<u>2,025</u>	<u>13,619</u>	<u>9,092</u>

VOTE 7 — SERVICES FOR THE HANDICAPPED

Program Support	505	40	465	399
Community Development and Referral	1,937	—	2,158	1,559
Purchased Services and Agency Grants	11,485	5,177	15,783	9,328
Residence and Treatment in Institutions	43,499	1,690	48,296	40,263
Total Vote 7	<u>57,426</u>	<u>6,907</u>	<u>66,702</u>	<u>51,549</u>

VOTE 8 — TREATMENT OF MENTAL ILLNESS

Program Support	2,292	—	2,083	982
Regional Diagnosis and Treatment	7,877	—	8,385	6,777
Purchased Services and Agency Grants	2,909	235	2,324	1,811
Residence and Treatment in Institutions	42,245	—	46,979	39,509
Total Vote 8	<u>55,323</u>	<u>235</u>	<u>59,771</u>	<u>49,079</u>

VOTE 9 — GENERAL HEALTH SERVICES

Program Support	5,587	178	5,738	4,982
Communicable Disease Control	3,991	—	3,496	3,549
Special Health Services	297	—	296	220
Rehabilitative Health Services	13,312	—	14,170	7,504
Vital Statistics	775	—	819	698
Total Vote 9	<u>23,962</u>	<u>178</u>	<u>24,519</u>	<u>16,953</u>

VOTE 10 — COMMUNITY SOCIAL AND HEALTH SERVICES

Financial Assistance to Municipalities for Community Social Services	27,382	8,768	29,046	19,735
Community Health Services	51,058	2,526	53,321	40,412
Total Vote 10	<u>78,440</u>	<u>11,294</u>	<u>82,367</u>	<u>60,147</u>

TOTAL DEPARTMENT	<u><u>611,363</u></u>	<u><u>58,458</u></u>	<u><u>603,103</u></u>	<u><u>473,851</u></u>
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REVENUE FOR THE YEAR ENDED MARCH 31, 1981

	1980-81 (a)	1979-80 (b)
GOVERNMENT OF CANADA		
Blind Persons Allowance	\$ 32,191	\$ 50,598
Canada Assistance Plan	153,782,810	130,776,271
Child Welfare Special Allowance	1,622,922	1,588,133
Disabled Persons' Allowance	69,197	277,120
Rehabilitation of Disabled Persons	1,276,310	1,323,301
Extended Health Care Service Grants	55,865,000	49,214,000
Unemployment Assistance Agreement	647	925
Child Welfare Reimbursements	3,364,405	3,137,134
Public Assistance Reimbursement	2,209,302	2,013,831
Professional Training	—	—
Baker Centre for Handicapped	42,184	126,168
	<u>218,264,968</u>	<u>188,507,481</u>
 HOMES, HOSTELS AND INSTITUTIONS		
Maintenance Charges	(1,736,500)	5,293,518
Services and Supplies to Staff	419,534	338,322
Miscellaneous	364,006	328,072
	<u>(952,960)</u>	<u>5,959,912</u>
 VITAL STATISTICS		
Change of Name Act	38,352	38,646
Marriage Licences	206,849	189,434
Vital Statistics	566,381	584,472
Statistics Canada - Vital Records	1,547	—
	<u>813,129</u>	<u>812,552</u>
 OTHERS		
Operating and Maintenance Division	(408)	—
Training Bursaries	3,825	12,062
Paramedic Licensing	127,664	122,673
Cemetery	500	200
Nursing Aide Licences and Fees	—	—
Municipal Nursing Services	3,904	2,270
Tuberculosis Control	4,569	265
Group Homes for the Handicapped	36,558	37,449
Miscellaneous	26,124	9,609
	<u>202,736</u>	<u>184,528</u>
 PREVIOUS YEAR'S REFUND		
Previous Year's Refund, General Office	(38,428)	3,223,646
Homes, Hostels and Institutions	(17,249)	—
	<u>(55,677)</u>	<u>3,223,646</u>
Suspense Account	—	—
TOTAL DEPARTMENT REVENUE	<u>\$ 218,272,196</u>	<u>\$ 198,688,119</u>

(a) Preliminary - not audited

(b) Audited and comparable to 1980-81 Estimates

PERSONNEL DIVISION

Staffing Unit

Employee Relations Unit

Classification Unit

Staff Development Branch

Occupational Health and Safety Section

Special Placement Unit

PERSONNEL DIVISION

J.C. CELS Director

The Personnel Division's functions are carried out by several branches and units, each of which handles one or more of the division's broad range of responsibilities. Reports from each of these components follow.

STAFFING UNIT

There was an overall increase in activity throughout the department over the previous fiscal year, as this table shows:

	'79-'80	'80-'81	Increase
Applications received	20,393	23,080	2,687 (13%)
Interviews conducted	6,120	7,534	1,414 (23%)
Appointments	2,437	3,334	897 (37%)

This increased activity was apparent throughout the various classes of positions. However, activity increased noticeably in these classes: social workers, child care counsellors, rehabilitation practitioners, psychologists, nurses, financial administrators, and management.

The increase in recruitment and selection can be attributed to internal situations as well as to external market factors. Thirteen placements were the result of Request for Decisions from other departments. Because of a scarcity of recruits for some positions, staffing officers were required to spend more time than normal recruiting at universities and colleges and mounting special campaigns and promotions.

The increased activity resulted in a large amount of overtime by staffing officers. There are ten staffing officer positions in the unit, two of which are temporary salaried positions. The two temporary staffing officer positions were created in February 1980 for Resources for the Dependent Handicapped. It is planned to make these permanent positions in due course.

EMPLOYEE RELATIONS UNIT

The 1980-81 fiscal year saw an increase in disciplinary actions as well as a proportional increase in the number of grievances. Much of the increase in disciplinary actions can be attributed to union activity. Management continues to negotiate on long-standing personnel problems.

CLASSIFICATION UNIT

During the 1980-81 fiscal year, 3,075 classification requests were processed. Reclassification activity increased considerably over the previous year as the following table shows:

	'79-'80	'80-'81
Creations	281	798
Reclassifications	660	1,274
Updates	307	1,003
	1,248	3,075

Activity in other areas of responsibility included:

Delegation: Discussions were held with Personnel Administration Office (PAO) on additional classification delegation. As a result the department can now classify approximately 80 per cent of positions. Official transfer date of this authority will be June 1, 1981.

Series Review: A study is under way to determine if an in-depth Social Worker Series Review is necessary. A request from PAO negotiators for an Educational Therapist Series Review was undertaken. A proposal by the department for a Psychologist Series Review was initiated by PAO.

Training: Three Orientation and Job Description Writing Seminars were held.

Appeals: There were 37 appeals during the reporting period. At March 31, 1981, 29 were outstanding at the Appeal Board; three were withdrawn or resolved; three were granted; and two were denied.

STAFF DEVELOPMENT BRANCH

During the year, the branch:

- Trained 2,995 department staff in 5,488 training and development activities at an estimated cost of \$640,129. Of the department staff who participated, 211 were management and 2,784 non-management.
- Trained 1,187 Social Services Division staff in 2,191 training and development activities at an estimated cost of \$193,325. Of the staff who participated, 36 were management and 1,151 were non-management.
- Expanded the Interaction Management Skills Development program for supervisors and managers to 12 modules. The 7½-day training program includes instruction in skills required to establish goals and standards, to prepare performance appraisals, and to handle day-to-day performance problems.
- Assisted the Employee Relations Unit to revise manuals and forms used in management and employee performance appraisal systems.
- Developed and implemented a training resource inventory system.

OCCUPATIONAL HEALTH AND SAFETY SECTION

Emphasis during the reporting period was on training programs and educational seminars which increased awareness of the need for occupational health and safety. In addition, a departmental Occupational Health and Safety Policy was developed and distributed from the Deputy Minister's office.

A great deal of time was spent assisting Joint Work Site Committees to become more effective in identifying and resolving concerns at the work site. On 43 occasions work sites were visited by the section staff to assist in resolving concerns or provide guidance to work site committee members. On an additional 32 occasions this section was called on to resolve immediate health and safety issues.

Steps were taken to ensure that all accidents were reported. A computerized system of recording hours of work was initiated which provides accurate statistics of accidents and injuries.

Back injuries, and injuries resulting from patient violence, continue to be the major injury groups. Statistical details are shown in the table on this page.

Injuries increased in the January to March period. However, there was a decrease of 11.3 per cent in the frequency rate and a decrease of two per cent in the severity rate during the period.

A supervisor's safety training program was developed and delivered to 45 first-line supervisors and managers. In addition, defensive driver training

was delivered to 243 employees, first aid training to 390, road-side survival training to 110, and fly-in survival to 20. Rape awareness seminars were attended by 90 employees, and cancer awareness seminars by 45 employees.

A back injury awareness program is presently being developed.

SPECIAL PLACEMENT UNIT

During the fiscal year, 300 individuals received counselling and placement assistance. Of these, 192 received long-term disability assistance, 114 returned to work, 65 remained on active files, and 13 underwent special rehabilitative placement training prior to returning to work.

Fifteen non-departmental individuals received individual career counselling, and 70 department employees attended "Preparing for the Job Interview" workshops.

The unit also provided counselling and placement services to 23 employees whose positions were abolished.

The Ad Hoc Committee on Career Development for Women conducted several information-gathering sessions with management throughout the department. The committee also completed a literature review, "Barriers to Upward Mobility of Women". Recommendations on the findings have been made to senior management.

Injuries and Days Lost, per Million Man-hours Worked

	Injuries		Frequency Rate	Severity Rate	Days Lost	Total Costs
	Disabling	Medical				
April - June	76	91	23.04	448.87	1,480.5	\$76,116.37
July - September	80	87	23.68	328.07	1,108.5	\$103,053.70
October - December	60	85	17.65	371.67	1,263.5	\$120,284.65
January - March	86	76	24.67	495.04	1,725.5	\$123,661.26

**RESEARCH AND
PLANNING DIVISION**

RESEARCH AND PLANNING DIVISION

D.J. JUNK Assistant Deputy Minister

The Research and Planning Division provides support to the department in the areas of research, program planning and evaluation, and systems development. It is also responsible for the department's library, for legislative planning, and for the Senior Citizens Bureau.

The division carries out its responsibilities:

- ☐ by providing consultation and advice to staff in program branches;

- ☐ by employing staff to conduct studies and prepare reports;
- ☐ by contracting studies to persons or companies;
- ☐ by providing consultation and advice to other agencies wishing to undertake studies of their own.

The division also compiles and distributes statistical data, and prepares the statistical components of the department's annual report.



SUPPORT SERVICES

Administrative Services Division

Legal Services Branch

Management Audit Branch

Public Communications Branch

SUPPORT SERVICES

ADMINISTRATIVE SERVICES DIVISION

N.J. LYNCH Director

The Administrative Services Division is responsible for identifying, providing and developing administrative support services for the department's program managers. The services provided include: Material acquisition, accommodation planning, records management, Social Services client file management, mail management, micrographics, information and reception service, vehicle leasing, insurance co-ordination, and a word processing service.

During the 1980-81 fiscal year, divisional accomplishments were as follows. The division:

- Introduced functional planning to identify and plan for the accommodation and other support needs of new programs and program modifications;
- Managed the construction and on-site location of mobile dental clinics and of a modular health unit in Warner;
- Conducted comprehensive research into a fixed asset information system for the department;
- Established a departmental certificate training program in Records Management;
- Commenced assessment of departmental medical records systems in Alberta Hospital Edmonton, the Michener Centre, and Tuberculosis Services;
- Developed a proposal regarding the retention and disposal of local health authorities' records;
- Expanded and improved forms design services through the acquisition of an electronic composer;
- Continued planning the implementation of the client index computer system for Social Services clients;
- Loaned 15 staff to the Child Welfare program to assist in the establishment of the Child Welfare Information System;
- Created an in-house microfilm processing laboratory for Income Security records;
- Developed a strategy for decentralizing the word processing service while retaining centralized management;
- Published departmental policy statements on the acquisition and use of vehicles and on the acquisition of word processing equipment.

LEGAL SERVICES BRANCH

E.M. UNSWORTH Senior Counsel

The Department of the Attorney General provides Alberta Social Services and Community Health with legal advice and assistance in a variety of areas. These services include preparation of recommendations for Orders in Council and for Ministerial Orders, as well as general legal advice related to statutes under the administration of the Minister.

All litigation concerning Alberta Social Services and Community Health is referred by the Legal Services Branch directly to the Department of the Attorney General, for handling by that department's solicitors.

MANAGEMENT AUDIT BRANCH

WILLIAM F. CARGILL Acting Director

This was the third year of operation for the Management Audit Branch. During the reporting period, the branch worked on audits of:

- contracts for services between the department and non-profit-oriented enterprises;
- central, district and regional offices within the department to ensure conformity to specific requirements of the Financial Administration Act;
- department management;
- funding and support to programs delivered by municipalities.

Special investigations were undertaken as necessary.

In keeping with procedures established when the branch was created, managers in the department were provided with reports of audit findings, and with recommendations arising from the findings. Follow-up audits were also conducted on audits previously completed.

PUBLIC COMMUNICATIONS BRANCH

LORE LUBOSCH Public Affairs Officer

The Public Communications Branch provides consulting on public and media relations, as well as production and general communications expertise, to the divisions within the department.

The branch's main office is in Edmonton. Sub-offices operate out of Calgary and Red Deer to serve departmental staff in the central and southern areas of the province. The branch draws on the resources of the Public Affairs Bureau.

During the 1980-81 fiscal year, the branch processed more than 500 printing orders. Although the majority of these orders concerned routine or regular print materials and productions, more than 200 involved new production thrusts. At the same time, more than 2,000,000 printed items were distributed to local health authorities throughout the province, to departmental district offices, and at conferences, fairs and exhibits.

In addition to routine advertising activities, the branch provided publicity support to special events such as Mental Retardation Week, International Year of Disabled Persons, Immunization Month, and Weedless Wednesday. The branch was also responsible for the planning, design, and co-ordination of major advertising campaigns, including those concerning child abuse and foster care.

The branch responded to more than 2,000 media requests for information about the department's activities. Approximately 40 news releases were written and distributed.

